

<b>Case Number:</b>	CM15-0042791		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 26 year old male, who sustained an industrial injury on 10/02/2007. He has reported subsequent bilateral shoulder, low back and right ankle pain and was diagnosed with status post right shoulder arthroscopy, lumbar degenerative changes and anterior talofibular ligament tear of the right ankle. Treatment to date has included oral and injectable pain medication and Cortisone injections. In a progress note dated 02/03/2015, the injured worker complained of low back, bilateral shoulder and ankle pain. No specific objective examination findings were documented during this visit. The physician noted that Zanaflex medication would be refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request (DOS: 2/3/2015) Prescription of Zanaflex 4mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

**Decision rationale:** The patient is a 26 year old male with an injury on 10/02/2007. He has low back, bilateral shoulder and ankle pain. MTUS, Chronic Pain guidelines note that long-term use of muscle relaxants is not recommended. They can decrease both mental and physical abilities. There is no documentation that the addition of muscle relaxants to treatment with NSAIDS is more effective than NSAIDS alone. Long-term use of Zanaflex is not medically necessary for this patient.