

<b>Case Number:</b>	CM15-0049519		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/08/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

### 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 56-year-old female, who sustained an industrial injury on 2/8/06. She reported neck pain radiating to the left arm. The injured worker was diagnosed as having cervical disc disorder and cervical radiculopathy. Treatment to date has included a C7-T1 cervical epidural steroid injection and opioid medication. Lumbar spine x-rays obtained on 3/23/15 revealed moderate L5-S1 disc degeneration and mild facet arthropathy with slight anterolisthesis. Mild chronic T12 superior endplate compression deformity and multilevel lower thoracic disc degeneration was also noted. A MRI of the cervical spine obtained on 9/16/13 revealed C5-7 posterior disc protrusion. Currently, the injured worker complains of neck pain. A physician's report noted Zanaflex helps the injured worker sleep with less muscle spasms and that she can get up to 6 hours of sleep with this medication. Without the medication she would have intermittent muscle spasms all that night waking her. The treating physician requested authorization for Zanaflex 4mg #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Zanaflex is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Zanaflex requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Zanaflex is not medically necessary.