

<b>Case Number:</b>	CM15-0058546		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/12/2007
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51 year old male, who sustained an industrial injury on 05/12/2007. Treatment to date has included conservative care, medications, x-rays, MRIs, ultrasounds, and conservative therapies. Currently, the injured worker complains of continued neck pain radiating to the left upper extremity, low back pain radiating to the right lower extremity with numbness and tingling behind the right knee, and continued aching pain in the left shoulder with intermittent numbness and tingling in the left upper extremity to the fingers despite a recent subacromial injection. The clinical notes indicate that the injured worker had been treated with Zanaflex, Ultram ER, and gabapentin for several months. The diagnoses include cervical/trapezial musculoligamentous strain/sprain with bilateral upper extremity radiculitis, lumbar musculoligamentous strain/sprain with bilateral lower extremity radiculitis with grade I retrolisthesis of L5 on S1, bilateral shoulder strain/sprain with impingement syndrome, left rotator cuff tendinitis, bilateral wrist strain/sprain, bilateral knee strain/sprain and patellofemoral arthralgia, and cervical disc protrusion. The request for authorization consisted of Zanaflex and Ultram ER (conditionally non-certified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 2MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXERS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 05/12/2007. The medical records provided indicate the diagnosis of cervical/trapezial musculoligamentous strain/sprain with bilateral upper extremity radiculitis, lumbar musculoligamentous strain/sprain with bilateral lower extremity radiculitis with grade I retrolisthesis of L5 on S1, bilateral shoulder strain/sprain with impingement syndrome, left rotator cuff tendinitis, bilateral wrist strain/sprain, bilateral knee strain/sprain and patellofemoral arthralgia, and cervical disc protrusion. The medical records provided for review do not indicate a medical necessity for ZANAFLEX 2MG, #120. Tizanidine (Zanaflex) muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. Due to the risk of liver toxicity, the MTUS recommends monitoring the liver function at baseline, 1, 3, and 6 months of treatment. Although the MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain, the records indicate the injured worker has been using this medication since 11/2014, there is no indication the worker is being monitored for liver function.