

<b>Case Number:</b>	CM14-0104357		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	12/02/2004
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 an 85 year old male with a date of injury on 12/2/2004. He is diagnosed with (a) cervical stenosis C5-C7, (b) cervical radiculopathy, (c) right shoulder impingement syndrome, (d) status post right ulnar nerve decompression, (e) recurrent right carpal tunnel syndrome - moderate, (f) left carpal tunnel syndrome - moderate, (g) bilateral cubital tunnel syndrome, and (h) lumbar scoliosis. Most recent records dated 3/18/2014 document that the injured worker continued to complain of neck pain and stiffness with radiation to the upper extremities. He noted functional movement and pain relief with the adjunct of medications. A cervical spine examination noted tenderness of the posterior cervical and bilateral trapezius musculature. He can forward flex within one finger breadth of chin to chest with extension to 20 degrees and lateral rotation to 70 degrees, bilaterally. Sensation was decreased over the volar aspect of all 10 digits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg 1 TAB #60 w/ 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity /Antispasmodic Drugs Page(s): 65.

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

**Decision rationale:** Evidence-based guidelines indicate that muscle relaxants should be used for short-term treatment of spasms as well as acute exacerbations. Also, they do show benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement even if it will be used in combination with non-steroidal anti-inflammatory drugs (NSAIDs). In this case, most recent records do not indicate any acute exacerbations of spasms and the injured worker has been utilizing this medication in the long term. Although records indicate functional improvements, the records do not specifically indicate the specific functional improvements the injured worker has achieved with the adjunct use of his current medications. Moreover, Zanaflex is specifically indicated for efficacy for low back unfortunately the injured worker's main problem areas are the cervical spine and upper extremities. Records do not mention that the diagnosed lumbar scoliosis contributes to the pain and its associated symptoms the injured is experiencing. Thus, the medical necessity of the requested Zanaflex 2mg 1 tab #60 with two refills is not established.