

<b>Case Number:</b>	CM14-0216081		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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 Jersey, New York  
 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 52 year-old male who was injured on 4/19/13 when he grabbed a heavy box of paper and experienced neck pain. He complains of persistent neck pain radiating to upper extremities. His diagnoses include neck pain, brachial neuritis or radiculitis, and left shoulder pain. MRI of cervical spine showed disk degeneration at C5-6 and C6-7. There is a broad-based disk/osteophyte at C6-7 that is causing moderate spinal stenosis at this level with bilateral foraminal stenosis and left paracentral disk protrusion at C7-T1 and C6-7. His medications include Norco and Zanaflex. His treatment also included physical therapy, acupuncture, and yoga. The current request is for continued use of Zanaflex which was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg tablets Qty: 60.00.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

**Decision rationale:** The request for Zanaflex is medically unnecessary. Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility". However, in most cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. The patient has been on it since 5/2014. There is also no documentation of muscle spasms on exam. Therefore, the request is considered medically unnecessary.