

<b>Case Number:</b>	CM15-0113887		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 55 year old female, who sustained an industrial injury, October 27, 2009. The injured worker previously received the following treatments Norco, Zanaflex, Ibuprofen, Butrans, Status post discectomy and fusion at C5-C6 on September 24, 2010, cervical spine MRI, Norco, Zanaflex, physical therapy and trigger point injections into the left trapezius muscle. The injured worker was diagnosed with status post discectomy and cervical fusion at C5-C6, right facet joint arthropathy at C2-C3 status post fusion C3-C4, C5-C6 and C6-C7 and myofascial pain in the cervical spine. According to progress note of April 16, 2015 the injured worker's chief complaint was ongoing neck pain. The injured worker was taking one Norco per day. The injured worker was walking two miles a day, but not getting a whole lot of upper body exercise. The injured worker received a trigger point injection to the left trapezius muscle at this visit. The hope was that the injection would decrease the spasms. The physical exam noted no significant change. The treatment plan included a prescription for Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Tizanidine (Zanaflex) Page(s): 63, 66.

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

**Decision rationale:** The claimant sustained a work injury in October 2009 and continues to be treated for chronic neck pain with intermittent radicular symptoms. When seen, there was decreased cervical spine range of motion with muscle tenderness. There was a left rhomboid trigger point. Zanaflex had been prescribed since at least December 2014. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.