

<b>Case Number:</b>	CM15-0116932		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/22/1998
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63-year-old female who sustained an industrial injury on 10/22/98 with current complaints of ongoing neck pain. Diagnoses are chronic neck pain, upper extremity pain, history of cervical fusion at C6-C7 in 2000, severe depression due to chronic pain and chronic pain syndrome, nicotine dependence, Owestry Disability Pain Index 8/08 showed 38 and 6/09 showed 33, and low back pain. In a report dated 5/13/15, the treating physician notes the most recent exam findings are continued significant tenderness and jump response to the upper back paraspinal and rhomboid area of pain on the right. The most recent urine drug screening was on 9/18/14 and was consistent. Also noted is that she has not been on Zanaflex long term, this is the first time it has been prescribed for her. She tried Flexeril in the past. She has myofascial pain in her neck and low back so Zanaflex is prescribed. In a progress report dated 5/14/15, a primary treating physician notes she is using the Duragesic patch and Norco and that she gets nausea sometimes but the Phenergan relieves that. Without the medications, the pain level is 9/10 but with medications it drops down to 4/10 or better. With medications, she is able to get out of her house, can walk and shop for at least 30-45 minutes longer than if she did not have the medications and that the benefits are significant. Without them, she states she does not leave the house. She reports Xanax is helping control the panic attacks. In a progress report dated 5/28/15, a treating physician notes she needs refills of all of her medications. Current medications are Duragesic patch 100 mcg every 3 days, Norco 10/325 three a day, Xanax 1 mg 4 times a day, Phenergan 25 mg twice a day, Effexor XR 150mg twice a day, Tegaderm, Prilosec, Colace, and Zanaflex 4mg 1 to 2 a day. It is noted that she wants to start weaning off the Duragesic at her next visit. The requested treatment is Zanaflex 4 mg #60 and Xanax 1 mg #120.

## 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) Page(s): 63, 66.

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

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4mg is not medically necessary.

**Xanax 1mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient has been on Xanax since at least March 2015 and the efficacy of the medication was not documented. Therefore, the use of Xanax 1mg is not medically necessary.