

<b>Case Number:</b>	CM15-0118222		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 50 year-old female injured worker suffered an industrial injury on 2/18/2005. The diagnoses included anterior cervical discectomy and fusion, rule out myelopathy and thoracic outlet syndrome left side release. The diagnostics included cervical, thoracic and lumbar x-rays. The injured worker had been treated with cervical nerve injection, physical therapy medication, cervical fusion x 2 and thoracic outlet syndrome surgery. On 12/11/2014, the injured worker was utilizing Zanaflex. On 2/4/2015 the internal medicine provider reported still in severe pain and miserable most of the time with left sided chest pain and occasionally nauseated. On 3/18/2015 the orthopedic treating provider reported she experienced "horrific" pain in the neck, back of the head, shoulders, arms. She reported there was weakness in the neck with limited range of motion. The pain was rated 7 to 8/10 when she does not do any activity. After doing anything the pain reached 8 to 10/. She was utilizing Zanaflex at that time. The treatment plan included Retrospective Zanaflex 4 mg filled on 3/9/2015 and 4/9/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Zanaflex 4 mg #60 filled on 3/9/2015 and 4/9/2015: Upheld**

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

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

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to the CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. Also, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. In this case, there has been long-term use of this medication without evidence of improvement in pain or functionality. In addition, there is no evidence of any laboratory studies (liver function tests) to rule out any possible side effects on the liver. Medical necessity for the requested medication has not been established. The requested Zanaflex is not medically necessary.