

<b>Case Number:</b>	CM15-0069989		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/02/1995
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 66 year old female who sustained an industrial injury on 01/02/1995. Current diagnoses include chronic neck pain, muscle spasms paracervical & trapezius muscles, intermittent burning pain left shoulder, and status post multiple cervical surgeries. Previous treatments included medication management and cervical surgeries. Previous diagnostic studies included urine drug screen and MRI's. Report dated 02/11/2015 noted that the injured worker presented with complaints that included cervical pain. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included medication request, request for an evaluation with a spinal surgeon, ordered lab work. Disputed treatments include Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg, #60, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2 mg #60 with three refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic neck pain; muscle spasms paracervical and trapezius; intermittent burning pain left shoulder; status post multiple cervical surgeries; depression, hypertension and ischemic colitis. The date of injury is January 2, 1995 (20 years). The documentation shows the injured worker was taking Soma 350 mg from May 21, 2014 through January 13, 2015. On January 13, 2015, the VAS pain scale was 8/10. There was no documentation with objective functional improvement (Soma). Zanaflex 2mg was started January 13, 2015. There was no clinical rationale for the change from Soma to Zanaflex documented in the medical record. In a progress note dated February 11, 2015 the VAS pain score was 8/10. In a progress note dated March 18, 2015, the VAS pain score was 7-8/10. Zanaflex is recommended for short-term treatment (less than two weeks) treatment of acute low back pain for an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain documented in the medical record. Additionally, the treating physician exceeded the recommended guidelines (less than 2 weeks) by continuing treatment with muscle relaxants for 11 months. There are no compelling clinical facts in the medical record to support the ongoing use of Zanaflex. Moreover, the treating provider requested three refills. There is no documentation of objective functional improvement in the record. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Zanaflex 2 mg #60 with three refills is not medically necessary.