

<b>Case Number:</b>	CM15-0074593		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: North Carolina, Georgia  
 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 47 year old female, who sustained an industrial injury on 10/15/2007. According to a progress report dated 02/12/2015, the injured worker complained of cervical pain and right shoulder pain. She rated her pain 8 on a scale of 1-10. Pain was unchanged since her last visit. Medications were not helping her pain and she requested something stronger. Assessment included moderate carpal tunnel syndrome per Nerve Conduction Velocity (NCV) study, cervical discopathy, right shoulder internal derangement, cervical radiculopathy and ulnar neuropathy. Treatment plan included MRI of the cervical spine, Norco, Motrin, Zanaflex and Diclofenac cream. An authorization request dated 03/11/2015 was submitted for review and included the request for Norco, Motrin and Zanaflex. Currently under review is the request for Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2  
Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Zanaflex. This is not medically necessary and the original UR decision is upheld.