

<b>Case Number:</b>	CM15-0077516		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

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 46 year old female, who sustained an industrial injury on 4/15/09. She reported right shoulder pain. The injured worker was diagnosed as having left shoulder bursitis tendinitis, biceps tendonitis. Treatment to date has included 2 left shoulder steroid injections, 2 chiropractic treatments, a home exercise program, physical therapy, and medications including Baclofen. A physician's report dated 12/17/14 noted the injured worker had complaints of aching, cramping, and burning pain rated as 7-8/10. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for Zanaflex 4mg #60. The treatment plan included left shoulder arthroscopy with subacromial decompression, distal clavicle resection, and possible rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 MG #60:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of chronic use of muscle relaxants leading up to this request for Zanaflex #60. The number of pills requested suggests also that this was meant for continuation of chronic use and not for a short course to help treat an acute flare-up of muscle spasm. Therefore, as the continual chronic use of this medication is not a recommended use for this drug class for the diagnoses listed, this request is not medically necessary at this time.