

<b>Case Number:</b>	CM15-0097147		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on February 9, 2013. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, status post decompression of the right median nerve on April 17, 2013, cervical myofascial pain, possible cervical degenerative disc disease, cervical radiculopathy, and neuropathic pain in the right hand. Treatment to date has included cervical decompression, right carpal tunnel release, physical therapy, and medication. Currently, the injured worker complains of cervical myofascial pain and neuropathic pain in the right hand. The Treating Physician's report dated April 21, 2015, noted the injured worker's symptoms had remained essentially stable, with the injured worker excited about the approved additional hand therapy. The injured worker was noted to be working in a modified capacity, taking Motrin and Tylenol with relief. Physical examination was noted to show trapezius muscle tightness with functional range of motion (ROM) of her bilateral upper extremities. The treatment plan was noted to include starting hand therapy, with requests for authorization for Tylenol and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of February 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 2mg #360 is not medically necessary or appropriate.