

<b>Case Number:</b>	CM14-0151357		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old male who reported an injury on 11/02/2011. The mechanism of injury occurred due to a fall. The injured worker's diagnoses included C3 through C7 disc degeneration, severe C3 through C7 stenosis without myelopathy, left arm radiculopathy with progressive weakness, left shoulder rotator cuff tear status post arthroscopic repair, and status post left shoulder arthroscopic acromioplasty with a distal clavicle resection. The injured worker's past treatments included surgery, a pain management consultation, an epidural steroid injection, and medications. The injured worker's diagnostic examinations included 4 MRIs of the left shoulder and an X-ray of the left shoulder. The injured worker's surgical history included a left shoulder arthroscopic acromioplasty with distal clavicle resection on 08/14/2012. On 08/05/2014, the injured worker complained of severe neck pain that radiated into the mid back and down the arms into the hands with weakness of the left arm noted. He rated his pain as 7/9-10 on the pain scale. The physical examination revealed normal motor strength and there was no evidence of tenderness or spasms of the paracervical muscles or spinous processes. The injured worker's medications included Norco 10/325 mg, Aleve 220 mg, Percocet 10/325 mg, and Zanaflex 4 mg. The treatment plan consisted of an urgent authorization for an anterior partial corpectomy, the use of a hard and soft cervical collar after the approval of the surgery, and a request for Percocet 10/325 mg and Zanaflex 4 mg. A request was received for Zanaflex 4 mg. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of medications in this class may lead to dependence. In regard to the use of Zanaflex, the California Guidelines indicate its use for the management of spasticity and low back pain. Based on the clinical notes, the injured worker complained of severe neck pain that radiated to his mid back and down into his arms and hands with weakness of the left arm noted. He rated his pain as 7/9-10 on the pain scale. The injured worker also reported that he utilized Norco for his ongoing pain complaints. The clinical notes did not indicate that the injured worker had any complaints of spasms or low back pain to warrant the use of muscle relaxants. The physical examination did not reveal any tenderness or spasms upon palpation of the paracervical muscles or spinous processes. Additionally, the clinical notes indicated that the injured worker had been prescribed a muscle relaxant since approximately 03/2014 without any significant signs of pain relief. Also, the injured worker was prescribed Percocet 10/325 mg, Norco 10/325 mg, and Aleve 220 mg which provided adequate pain relief and decreased inflammation. Additionally, the clinical notes did not indicate quantitative pain scores that showed evidence of increased pain relief during the duration of use. Also, the request failed to indicate a frequency or dose. Therefore, due to a lack of documentation indicating spasticity or low back pain, and the evidence of long term use without significant pain relief, the request is not supported. Thus, the request for Zanaflex 4 mg is not medically necessary.