

Case Number:	CM13-0018708		
Date Assigned:	10/11/2013	Date of Injury:	05/20/2007
Decision Date:	02/11/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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 physician 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 claimant is a 41 year old male that was injured on 5/20/07. The patient has undergone a right wrist arthroscopy and carpal tunnel release on 2/04/08. The patient has continued right and left wrist pain and right shoulder pain from impingement, alongside low back pain, hip pain, and degenerative disease of both knees. An MRI taken in 2012 demonstrated disc disease. The patient is on chronic opioid therapy, however he has not improved and is retired from work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg PO 1-2 QHS PRN Spasm #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the medical records provided for review, the patient is on chronic opioid therapy and is not improving. The MTUS Chronic Pain Guidelines indicate that Opioids should be discontinued if there is no documented functional improvement and only continued if the patient has returned to work or experienced significant pain relief. The request for Zanaflex is not medically necessary and appropriate.

