

Case Number:	CM13-0042416		
Date Assigned:	01/03/2014	Date of Injury:	01/23/1998
Decision Date:	04/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 60-year-old female who reported an injury on 01/23/1998. The mechanism of injury was not stated. The patient is currently diagnosed with chronic cervical pain, cervical radiculitis, right shoulder adhesive capsulitis, right shoulder impingement syndrome, cervical spondylosis with degenerative disc disease, left shoulder and upper back pain, cervicothoracic myofascial pain, anxiety, insomnia, and right carpal tunnel release. The patient was seen by [REDACTED] on 09/12/2013. The patient reported neck and right upper extremity pain, as well as shoulder and left upper extremity pain. The patient has reported improvement in symptoms with the current pain medication regimen, physical therapy, TENS therapy, trigger point injections, and epidural injections. Current medications include Zanaflex 6 mg. Physical examination revealed no acute distress, limited cervical range of motion, intact sensation, tenderness to palpation, and normal motor strength. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 60 MG QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. As per the clinical documentation submitted, the patient has utilized Zanaflex 6 mg twice per day since at least 10/2012. Despite ongoing use of this medication, the patient has continuously reported persistent pain. There was no documentation of palpable muscle spasm or spasticity upon current physical examination. As guidelines do not recommend long-term use of muscle relaxants, the current request cannot be determined as medically appropriate. Based on the clinical information received and the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the request is non-certified.