

Case Number:	CM13-0059789		
Date Assigned:	12/30/2013	Date of Injury:	01/02/2007
Decision Date:	04/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice 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 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 patient sustained an injury on 01/02/2007 when lifting a wooden beam that was 6 x 12 inches and heard a popping in his right shoulder with a sharp pain radiating into his right upper extremity and neck. The patient subsequently underwent 4 shoulder procedures to address his pain. The patient was evaluated on 10/16/2013 for continued complaints of the right shoulder as well as left shoulder pain. The patient noted pain, numbness, and tingling in both arms. The patient noted the pain as increasing and worsening. Upon physical examination, muscle spasms were noted as absent. The assessment was noted as shoulder joint pain, brachial plexus lesions, displacement of cervical intervertebral disc without myelopathy, traumatic arthropathy to the shoulder, depressive disorder, and disc displacement with radiculitis to the lumbar region, dietary surveillance and counseling, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex tablets 4mg #60: 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 for pain Page(s): 63.

Decision rationale: The request for Zanaflex tab 4 mg #60 is non-certified. The documentation submitted for review did not indicate the patient's pain level using the Visual Analog Scale. Furthermore, upon physical examination, the patient was noted absent of muscle spasms. The California MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted for review did not indicate the patient had an acute exacerbation of his condition. Furthermore, the patient's pain was not addressed using the Visual Analog Scale. As such, the need for medicinal therapy is unclear. Given the information submitted for review, the request for Zanaflex tab 4 mg #60 is non-certified.

Kadian capsule extended release #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 21, 92-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Kadian capsule extended release #60 is non-certified. It is noted the dosage of the medication was not submitted for review. Upon evaluation, the patient was noted to have pain however the patient's pain level was not documented using the Visual Analog Scale. The documentation submitted for review indicated the patient had previously been prescribed Kadian as part of their pain regimen. The California MTUS Guidelines recommend ongoing monitoring of opioid therapy. The ongoing monitoring should include the patient's pain relief. The documentation submitted for review did not indicate the patient had any analgesic effect with the use of the medication. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for Kadian capsule extended release, #60 is non-certified.