

<b>Case Number:</b>	CM13-0071560		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Neurological Surgery 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 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 records presented for review indicate that this 54 year old female was reportedly injured on September 25, 2009. The mechanism of injury is noted as having books fall onto the left shoulder. The most recent progress note, dated January 9, 2014, indicates that there are ongoing complaints of neck pain, headaches, and bilateral shoulder pain. The physical examination demonstrated tenderness over the cervical spine paraspinal muscles and the suboccipital region with decreased cervical spine range of motion, positive Spurling's test to the left side, decreased sensation was noted at the left C7 dermatomes, decreased bilateral shoulder range of motion and tenderness over the trapezius and periscapular muscles, positive supraspinatus test, Neer's test, and Hawkins test bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic therapy, left shoulder surgery for a revision decompression and debridement, and postoperative physical therapy. A request was made for Restoril and Zanaflex and was not certified in the preauthorization process on December 17, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** Restoril is a benzodiazepine prescribed for the treatment of insomnia. This medication has a relatively high abuse potential. It is not recommended for long term use because long term efficacy is unproven. Most guidelines limit the use of this medication to four weeks. A review of the medical record indicates that this medication has been prescribed since at least June 2013. This request for Restoril 15 milligrams is not medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated January 9, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Zanaflex is not medically necessary.