

Case Number:	CM14-0120310		
Date Assigned:	08/06/2014	Date of Injury:	11/25/2009
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 11/25/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 05/21/2014 indicated diagnoses of myoligamentous strain of the cervical spine, myoligamentous strain of the left trapezius musculature, inflammatory process of the left shoulder, status post left shoulder arthroscopic debridement of labral tear, debridement of partial thickness rotator cuff tears, subacromial tear decompression with retention of coracoacromial ligament chondroplasty of glenoid and humeral head, and injection with platelet rich plasma dated 11/07/2011. The injured worker reported constant moderate left shoulder and left trapezius pain that increased with sleep, stretching, and reaching. The injured worker reported medication and H-Wave were helping. On physical examination range of motion of the left shoulder was decreased and there was tenderness. The treatment plan included to continue tramadol ER, discontinue cyclobenzaprine and start tizanidine, continue home use of H-Wave machine, followup return to clinic in 6 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included tramadol and tizanidine. The provider submitted a request for Zanaflex. A Request for Authorization dated 06/02/2014 was submitted for Zanaflex. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

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

Decision rationale: The request for Zanaflex 4 mg #60 is not medically necessary. The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was lack of quantified pain assessment by the injured worker. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.