MAXIMUS Federal Services

Case Number:	CM14-0120854		
Date Assigned:	08/06/2014	Date of Injury:	09/15/2008
Decision Date:	10/01/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 54-year-old female with a 9/15/2008 date of injury. A specific mechanism of injury was not described. 7/4/14 determination was non-certified given no muscle spasms on exam. 7/23/14 progress report revealed bilateral shoulder pain. Pain was rated 5/10 with medications and 9/10 without medications. Exam revealed restricted bilateral shoulder range of motion, positive impingement signs, and tenderness over the AC joint, biceps groove, glenohumeral joint, and subdeltoid bursa. Sensation decreased over the thumb, index finger, middle finger, and over the deltoid. Reported 2/12/14 UDS revealed Valium and hydrocodone. Valium was prescribed by another provider. 10/23/13 UDS was positive for ETOH and negative for Norco, the patient noted that she only used the medication as needed and there are days when she does not need to take any of the Norco medication. It was noted that Zanaflex was on hold given non-certification. However, a prescription was given for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends 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 (LBP), however, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The patient had a chronic shoulder condition and there was no indication of muscle spasm, and more so, acute muscle spasms. The duration of treatment with Flexeril was not clearly delineated and there was no indication to an end-point of treatment or the specific efficacy of Flexeril. The medical necessity was not substantiated.