

Case Number:	CM14-0128442		
Date Assigned:	09/05/2014	Date of Injury:	09/25/2009
Decision Date:	11/04/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 09/25/2009 after boxes fell onto her. The injured worker reportedly sustained an injury to her cervical spine and shoulder. The injured worker's treatment history for the shoulders included 2 surgical interventions, and chronic pain managed with medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's most recent evaluation, dated 06/12/2014 documented that the injured worker had persistent neck and shoulder pain complaints rated at 6/10 to 9/10. It was noted that the injured worker was not currently doing any physical therapy. Physical findings included restricted range of motion of the cervical spine secondary to pain, with decreased sensation in the C6, C7, and C8 nerve root distribution of the left side. Evaluation of the left shoulder documented limited range of motion, with a positive Neer's and Hawkin's impingement test. The injured worker had 4+/5 motor strength. The injured worker's medications included Percocet 10/325 mg 1 tablet by mouth every 6 hours, Elavil 25 mg 1 tablet every day, Zanaflex 4 mg 2 tablets by mouth at bedtime, and Restoril 15 mg 1 tablet by mouth at bedtime. The injured worker's diagnoses included left shoulder rotator cuff syndrome, left shoulder adhesive capsulitis, cervical disc herniation at multiple levels, chronic cervical strain, and anxiety. The injured worker's treatment plan included continuation of medications, a spinal consultation, and an electrodiagnostic study of the bilateral upper extremities. The Request for Authorization Form dated 06/25/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: Upheld

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

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

Decision rationale: The requested Zanaflex 4mg, #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. The clinical documentation indicates that the requested medication has been part of the injured worker's regularly scheduled medications since at least 04/2014. The California Medical Treatment Utilization Schedule recommends muscle relaxants for acute exacerbations of chronic pain. The clinical documentation submitted for review does not support that the injured worker is experiencing an acute exacerbation of chronic pain. Therefore, continued use of this medication would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly indicate a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Zanaflex 4mg, #60 is not medically necessary or appropriate.