MAXIMUS Federal Services

Case Number:	CM14-0038911		
Date Assigned:	06/27/2014	Date of Injury:	05/22/2003
Decision Date:	12/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 Internal Medicine, 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:

Pursuant to the Primary Treating Physician's Progress Report dated January 29, 2014, the IW continues to have right-sided neck pain and right shoulder pain. The pain without medications is 7-8/10, and 3/10 with medications. The medications work within 30 minutes and lasts 5 hours. The medications allow her to go to the gym, which she does regularly. She walks, cleans the house, and is able to grocery shop. The IW has taken Zanaflex in the past. She states that it did not work as well as Baclofen, but she can go back on it. The medications are significantly helpful. Current medications include Norco 10/325mg, Percocet 10/325mg, Zomig 5mg, Baclofen 20mg, Protonix 40mg, and Cymbalta 60mg. Physical examination findings revealed tenderness at the right paraspinal muscles of the cervical spine. The pain is increased with extension. She has full flexion. She has pain in the left lateral bending and has decreased rotation bilaterally. Range of motion of the shoulder is fairly full. She experiences pain at end range. Current diagnoses include: Right shoulder pain; right-sided neck pain; and status post right C4, C5, C6 DMB diagnostic block on October 19, 2012. Discussion/Plan: Her Norco, Percocet, and Baclofen have been denied. The provider is going to switch the Baclofen to Zanaflex for the IW to take at night. Documentation indicated that the IW was taking Baclofen since at least August 12, 2013. The Authorization Request is for Zanaflex #60 dispensed on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex #60 dispensed on 2/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex #60 dispensed February 24, 2014 is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. In this case, the injured worker is being treated for right shoulder pain; right sided neck pain; and status post right C-4, C5, C6 diagnostic block. The injured worker is not having acute exacerbations of pain in the lumbar spine. The lumbar spine is not mentioned in the list of working diagnosis. The worker has been on baclofen as early as August 13, 2013 with bimonthly renewals through December 2013. In January 2014, the treating physician changed baclofen to Zanaflex. Reportedly, the injured worker was on Zanaflex in the past but it did not work as well as baclofen. Most relaxants have been used far greater than the guidelines allow (short-term, less than two weeks). Additionally, in the progress note dated January 29, 2014, there were no complaints of any back/lumbar pain. Consequently, absent the appropriate documentation, Zanaflex #60 dispensed on February 24, 2014 is not medically necessary.