

Case Number:	CM14-0060902		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2005
Decision Date:	08/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 02/18/2005 reportedly, she was told to go to a motorcycle gear shop to pick up motorcycle gear. However, when she arrived she did a lot of lifting while retrieving the motorcycle riding gear, which was quite heavy and, at that point, she turned around and spun and felt a pop in her right shoulder and her neck. The injured worker's treatment history included medications, physical therapy sessions, acupuncture treatments, urine drug screen, x-rays, surgery, and an MRI. The injured worker was evaluated on 02/17/2014 with the documents submitted were illegible. Medications included MS Contin 30 mg, Norco 10 mg, Zanaflex 4 mg, Ambien 10 mg, Colace 100 mg, and Cymbalta 30 mg. Diagnoses included status post anterior cervical discectomy and fusion at C4-5 and C6-7. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1 po qid: 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 Page(s): 63.

Decision rationale: The requested is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted on 02/17/2014 were illegible. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Zanaflex and functional improvement while being on the medication. In addition, the guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request for Zanaflex 4mg 1 po qid is not medically necessary.