

Case Number:	CM14-0073872		
Date Assigned:	07/16/2014	Date of Injury:	03/03/2010
Decision Date:	08/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

According to the records made available for review, this is a 49-year-old female with a 3/3/10 date of injury. At the time of the request for authorization, there is documentation of improved cervical spine symptoms, decreased pain, and increased range of motion. Objective findings include spasm, and a positive Spurling's test. Current diagnoses include status post right shoulder scope with residual adhesive capsulitis, right shoulder impingement/periscapular strain, cervical spine strain/sprain, radiculopathy right upper extremity, and bilateral forearm/wrist strain/sprain with carpal tunnel syndrome. Treatment to date has been medication, including ongoing use of Zanaflex and Dendracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #90: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Zanaflex may be recommended with documentation of spasticity. MTUS-Definitions identifies that any

treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that muscle relaxants are recommended 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. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder scope with residual adhesive capsulitis, right shoulder impingement/periscapular strain, cervical spine strain/sprain, radiculopathy right upper extremity, and bilateral forearm/wrist strain/sprain with carpal tunnel syndrome. In addition, there is documentation of ongoing use of Zanaflex and spasm. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Zanaflex. In addition, given documentation of ongoing use of Zanaflex, there is no documentation of intended short-term treatment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Dendracin Lotion 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Zanaflex may be recommended with documentation of spasticity. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that muscle relaxants are recommended 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. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder scope with residual adhesive capsulitis, right shoulder impingement/periscapular strain, cervical spine strain/sprain, radiculopathy right upper extremity, and bilateral forearm/wrist strain/sprain with carpal tunnel syndrome. In addition, there is documentation of ongoing use of Zanaflex and spasm. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Zanaflex. In addition, given documentation of ongoing use of Zanaflex, there is no documentation of intended short-term treatment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.