

Case Number:	CM14-0087002		
Date Assigned:	07/23/2014	Date of Injury:	04/19/2013
Decision Date:	09/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 North Carolina, Colorado, California, and Kentucky. 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 52 year old male who sustained injuries to his neck on 04/19/13. The mechanism of injury is undisclosed. The records indicate that the injured worker has chronic cervical myofascial pain with evidence of a radicular component. Imaging studies have indicated degenerative disc disease at C5 to C6 and C6 to C7, broad based disc osteophyte at C6 to C7 causing moderate spinal stenosis with bilateral foraminal stenosis, and a left paracentral disc protrusion at C7 to T1 with a small left paracentral disc herniation at C6 to C7. Records indicate that the injured worker has undergone a C6 to C7 transforaminal epidural steroid injection on 04/04/14. He has persistent symptoms radiating into the left upper extremity. Medications are reported to reduce his visual analog scale (VAS) from 8 to 5/10. Serial examinations do not document the presence of cervical paraspinal muscle spasms. The record contains a utilization review determination dated 05/30/14 in which a request for Zanaflex 4 milligrams quantity sixty was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zanaflex 4mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The submitted clinical records indicate the injured worker has chronic cervical pain with evidence of a left upper extremity radiculopathy. Serial examinations do not document the presence of active myospasm for which this medication would be clinically indicated. Given the absence of supporting findings, the medical necessity for continued use of this medication is not supported.