

Case Number:	CM14-0094880		
Date Assigned:	07/25/2014	Date of Injury:	11/23/2004
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 Pain Management 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:

The injured worker was working in her usual and customary occupation as a payroll specialist when she began experiencing neck pain radiating to her shoulders. She received therapy and eventually surgery to the bilateral shoulders. MRI results were not available. MRI of the cervical spine was significant for multilevel spondylosis. Physical exam demonstrated mild to moderate spasms and limited range of motion in the neck. There was decreased sensation in the bilateral forearms and hands. Diagnoses: 1.Chronic pain syndrome. 2.Cervicobrachial myofascial pain syndrome. 3.s/p right shoulder surgery. 4.s/p left shoulder surgery. 5.Narcotic dependency. Request is for Zanaflex.4 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine, page 66 Page(s): 66.

Decision rationale: The request is for Zanaflex 4 mg #45. The usual dosing for Zanaflex is three times per day. At the amounts prescribed, it is not being used every day for a month. The treating physician prescribed the medication for muscle spasms and he notes muscle spasms on physical examination. The indication for Zanaflex was for acute exacerbations of muscle spasms. This is within the CA MTUS chronic pain guidelines. The Zanaflex 4 mg #45 is medically necessary.