

Case Number:	CM14-0098554		
Date Assigned:	07/28/2014	Date of Injury:	06/25/2011
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 Interventional Spine 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 patient is a 52-year-old female with a date of injury of 06/25/2011. The listed diagnosis per [REDACTED] is shoulder pain. According to progress report 05/30/2014 by [REDACTED], the patient presents with chronic right shoulder pain. The patient consistently reported higher pain levels when doing activities of repetitive scanning while at work. She does state that medications are working well. Medication side effects felt by the patient included constipation. Patient's medication regimen includes Lidoderm patches, Avinza 120 mg, Avinza 60 mg, Roxicodone 15 mg, Soma 350 mg, Zanaflex 4 mg, nortriptyline 50 mg, and ondansetron. This request is for refill for Soma 350 mg #120 and Zanaflex 4 mg #60. Utilization review denied the request on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 120: Upheld

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 (for pain) Page(s): 63.

Decision rationale: This patient presents with chronic right shoulder pain. The treating physician is requesting a refill of Soma 350 mg #120 for daytime muscle spasms. The MTUS Guidelines page 63 regarding muscle relaxants states, recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Medical records indicate patient has been prescribed Soma since 12/13/2013. Review of progress reports from 10/23/2013 to 05/30/2014 do not show muscle spasm upon examination. Furthermore, the treating physician is prescribing this medication for long-term use. Given the above the request is not medically necessary.

Zanaflex 4mg quantity: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with chronic right shoulder pain. The treating physician is requesting Zanaflex 4 mg #60. Utilization modified the certification from the requested #60 to #20 to allow time for weaning/tapering and discontinuation. A rationale for the recommendation for tapering was not given. The MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. Medical records indicate the patient has been taking Zanaflex since 12/13/2013. Treating physician states the patient is taking her medications as prescribed and they are working well. Patient rates her pain with medication, 6/10; and without medication, 10/10. In this case, the treater states medications are working well and given the patient's low back pain, Zanaflex may be indicated. Given the above the request are medically necessary.