

Case Number:	CM14-0135139		
Date Assigned:	08/27/2014	Date of Injury:	07/05/2007
Decision Date:	02/10/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of July 5, 2007. She had breast surgery one month prior to the accident in the accident caused stitches to rupture and wound dehiscence. The patient has chronic pain. She's been treated with medications, therapy, drug detoxification and psychotherapy. She continues to complain of right shoulder pain. Neurophysiologic testing revealed ulnar neuropathy. The patient also was diagnosed with MRSA infection. At issue is the medications Zanaflex and whether it is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 for a 2 month supply: 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.

Decision rationale: Zanaflex is a muscle relaxant. MTUS Chronic Pain Treatment Guidelines do not recommend the use of muscle relaxants for chronic pain. The medical records do not indicate that this patient has a diagnosis that is appropriately treated with muscle relaxants therapy. Since

guidelines do not recommend the use of muscle relaxants for chronic pain, this request is not medically necessary.