

Case Number:	CM14-0197211		
Date Assigned:	12/05/2014	Date of Injury:	04/07/2003
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old man who sustained a work-related injury on April 7, 2003. Subsequently, the injured worker developed a chronic neck and right shoulder pain. According to a progress report dated on March 26, 2014, the injured worker was complaining of ongoing neck pain and bilateral upper extremity pain as well as headaches. The injured worker physical examination demonstrated cervical tenderness with reduced range of motion as well as occipital tenderness. The injured worker was diagnosed with chronic neck pain depression and anxiety. The provider requested authorization for Zanaflex and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #180: 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 Page(s): 63.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time

and prolonged use may cause dependence. The injured worker in this case developed continuous pain does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4mg #180 is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, a urine toxicology screen is indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse from previous urine drug screen. There is no rationale provided for requesting UDS test. Therefore, Urine Drug Screen (UDS) is not medically necessary.