

<b>Case Number:</b>	CM14-0207782		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/17/2004
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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 patient is a 41-year-old male with 8/17/04 date of injury. The attending physician report dated 07/31/14, indicates the patient is suffering from chronic and shoulder pain. His pain is associated with cervical degenerative disc disease, neuropathy of the upper extremities and traumatic brain injury. The patients reported pain is 8/10 without medications and 4/10 with medications. Physical examination revealed tenderness of the cervical paraspinals and trapezius muscles bilaterally. Restriction is noted in cervical range of motion and right shoulder range of motion. The empty can test is positive right shoulder. The patient has been taking Ultracet, Ambien, Zanaflex, Prilosec, Zoloft, and Wellbutrin. The current diagnoses are: 1. Chronic neck pain, headaches, mild degenerative disc changes at the cervical spine per MRI, 1/18/05. MRI report from 1/22/13 compared to 2009 MRI showed inflammatory change at the base of the right maxillary sinus which is new, increased facet hypertrophy on the left at C2-3, changes at C3-4 level are similar to left facet joint, changes at C4-5, C5-6 and C6-7 levels are similar. 2. Chronic right shoulder pain 3. Mild traumatic brain injury with post concussive headaches 4. Depression due to his chronic pain 5. Bilateral carpal tunnel syndrome. Right carpal release on 2/18/026. Positive NCV studies for median neuropathies bilaterally 7. EMG of lateral upper extremities from 10/18-11 consistent with moderate bilateral carpal tunnel syndrome. The utilization review report dated 12/01/14 denied the request for 8 acupuncture visits and 1 prescription of Zanaflex 4mg #90 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with chronic neck and right shoulder complaints. The current request is for 8 acupuncture sessions. The Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." With functional improvement, the guidelines recommend 1-3 sessions per week for 1-2 months. The treating physician in this case has requested treatment in excess of the recommended 3-6 visit trial period. Because the current request exceeds the guideline recommendations, the recommendation is for denial.

**1 prescription of Zanaflex 4mg #90:** Upheld

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

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

**Decision rationale:** The patient presents with chronic neck and right shoulder complaints. The current request is for 1 prescription of Zanaflex 4mg #90. MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Antispasmodic drugs such as Zanaflex have shown to be effective for low back pain. The guidelines specifically say short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines caution against long term use because of the high risk of dependency and lack of long-term efficacy. In this case, the records indicate that the patient has been prescribed Zanaflex since at least 4/10/14. Based on the MTUS guidelines, the request is not indicated and as such, the recommendation is for denial.