

Case Number:	CM15-0132221		
Date Assigned:	07/20/2015	Date of Injury:	12/13/2013
Decision Date:	08/19/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on December 13, 2013, incurring left shoulder and neck injuries after a fall from a truck. He was diagnosed with tendinosis and tenosynovitis of the left shoulder, impingement syndrome of the left shoulder, lumbar degenerative disc disease, cervical degenerative disc disease and cervical radiculopathy. Treatment included anti-inflammatory drugs, muscle relaxants, diagnostic imaging and work restrictions. Currently, the injured worker complained of bilateral hand pain, numbness, burning, weakness, persistent wrist, and neck and shoulder pain. His symptoms worsened with walking and prolonged standing. Electromyography studies revealed chronic bilateral cervical radiculopathy, bilateral ulnar neuropathy, and carpal tunnel syndrome of both hands. The treatment plan that was requested for authorization included a prescription for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

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

Decision rationale: The 60 year old patient complains of pain, numbness and tingling in neck and bilateral shoulders radiating to bilateral arms, as per progress report dated 04/10/15. The request is for ZANAFLEX 2 mg #120. The RFA for this case is dated 05/29/15, and the patient's date of injury is 12/13/13. The patient is also experiencing stiffness and limited range of motion in neck and lower back, as per progress report dated 04/10/15. Diagnoses included cervical spine sprain and strain, bilateral neural foraminal narrowing at C3-4, spondylosis anterior narrowing of C5-7, lumbar spine sprain and strain with lower extremity radiculitis, bilateral shoulder strain and sprain, bilateral upper extremity overuse, bilateral carpal tunnel syndrome, bilateral wrist flexor and extensor tendinitis, right knee patellofemoral arthralgia, and bilateral plantar fasciitis. The patient is temporarily totally disabled, as per progress report dated 04/10/15. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, most progress reports are handwritten and illegible. None of the reports appear to discuss medications or their efficacy. It is not clear if this is the first prescription for Zanaflex or if the patient has been using the medication in the past. Although most muscle relaxants are approved for short-term use, Zanaflex can be used for extended period of time. Nonetheless, given the lack of documentation about efficacy and use, this request IS NOT medically necessary.