

Case Number:	CM15-0181474		
Date Assigned:	10/13/2015	Date of Injury:	03/27/2000
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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 41 year old female, who sustained an industrial injury on 3-27-2000. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement syndrome with MRI findings of rotator cuff tendinosis status post left shoulder surgery in 2001, shoulder sprain-strain, and pain in shoulder joint. On 8-21-2015, the injured worker reported the left shoulder worse than the previous visit, working modified duty icing the shoulder ever two hours, rating the pain as 9 out of 10 on the pain scale. On 7-24-2015, the injured worker reported her pain as 6 out of 10, unchanged since the previous visit. On 6-2-2015, the injured worker rated her pain as 5 out of 10, feeling worse since the previous visit. The Primary Treating Physician's report dated 8-21-2015, noted the injured worker's current medications included Ibuprofen, Tylenol #3, and Zanaflex. The physical examination was noted to show the left shoulder with tenderness to palpation of the AC joint and anterior aspect, with Yergason's, Speed's, Impingement Neer's, and Hawkin's all positive. The Physician noted the injured worker had undergone "Extensive Conservative Treatment 36 visits of PT and 10 injections of Steroid to the L Shoulder for Ongoing Constant Pain L Shoulder Difficulty with above the shoulder activities day to day activities L Upper Extremity with Inability to sleep on Left Side. All these measures provide only temporary symptomatic relief of pain. My definitive treatment recommendation remains for patient to proceed with L Shoulder Arthroscopy with Sub Acromial Decompression". The treatment plan was noted to include prescriptions for Tylenol #3 and Zanaflex, both prescribed since at least 3-6-2015. The injured worker's work status was noted to be able to return to modified work. The request for authorization dated 8-27-2015, requested Tylenol #3, #60 and Zanaflex 4mg, #60. The Utilization Review (UR) dated 9-9-2015, conditionally non-certified the request for Tylenol #3, #60 and modified the request for Zanaflex 4mg, #60 to certification of one prescription for Zanaflex 4mg #5 between 8-21-2015 and 10-26-2015, with the remaining #55 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with left shoulder pain rated 9/10. The request is for Zanaflex 4mg, #60. The request for authorization is dated 08/27/15. The patient is status post left shoulder open decompression with rotator cuff repair, 2001. Patient's diagnoses include left shoulder impingement syndrome; rotator cuff tendinosis. Physical examination of the left shoulder reveals tenderness to palpation of the AC joint, Decreased range of motion. Positive speeds, Neer's and Hawkins tests. Patient has undergone extensive conservative treatments including 36 visits of PT and 10 injections of steroid to the left shoulder. All these measures provide only temporary symptomatic relief. Patient's medications include Ibuprofen, Tylenol #3, and Zanaflex. Per progress report dated 08/21/15, the patient is on modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Antispasticity/ Antispasmodic drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Zanaflex on 03/06/15. In this case, the patient continues with left shoulder pain. However, the treater does not document or discuss how pain is reduced and function is improved by the patient with use of Zanaflex as required by MTUS. Therefore, given the lack of documentation, the request is not medically necessary.