

Case Number:	CM15-0192977		
Date Assigned:	10/07/2015	Date of Injury:	11/11/2008
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 11-11-08. The injured worker was diagnosed as having chronic pain syndrome, osteoarthritis of bilateral shoulders, myofascial pain, and bilateral shoulder pain. Treatment to date has included right shoulder arthroscopy, subacromial decompression with acromioplasty and rotator cuff repair in 2014. Other treatment included physical therapy, a home exercise program, and medication including Zanaflex, Celebrex, and Norco. The injured worker had been taking Zanaflex since at least February 2015. Physical examination findings on 9-15-15 included diffuse tenderness to palpation in bilateral shoulders. Strength was noted as 4 of 5 on all planes bilaterally, sensation was intact and equal, and range of motion was limited in all planes bilaterally. On 9-15-15, the injured worker complained of bilateral shoulder pain rated as 9 of 10 without medication and 3 of 10 with medication. The treating physician requested authorization for Zanaflex 4mg #30. On 9-24-15, the request was modified to a quantity of 15 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG #30: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of using Zanaflex regularly for months leading up to this request, but with insufficient reporting of how effective it was at reducing pain and improving function measurably, which would have helped to justify this request for renewal. Regardless, however, The MTUS Guidelines discourage chronic use of Zanaflex and similar medications as was being prescribed by the provider, and therefore, this request for continuation of chronic use of Zanaflex is not medically necessary.