

Case Number:	CM15-0197502		
Date Assigned:	10/12/2015	Date of Injury:	05/04/2011
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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 52 year old male with a date of injury on 05-04-2015. The injured worker is undergoing treatment for rotator cuff syndrome, cervical disc displacement, thoracalgia, bilateral shoulder tenosynovitis, Tenosynovitis of the left wrist, post traumatic anxiety and depression and probable post traumatic insomnia. A physician progress note dated 08-27-2015 documents the injured worker complains of bilateral posterior neck pain that he rates as 4 on a scale of 0 to 10. Pain radiates into the back of his head, both sides of his head and left and right shoulder and shoulder blade. There is decreased range of motion, increased sensitivity and numbness, stiffness and tingling. He has bilateral mid back pain that he rates as a 2 on a scale of 0 to 10. There is increased sensitivity, numbness, tightness, tingling and stiffness. He has bilateral upper back pain that he rates as 4 on a scale of 0 to 10, and it radiates to his neck, and he has increased sensitivity and numbness, stiffness and tingling. He has right shoulder pain that he rates as 2 out of 10 and it is occasional, and radiates to his right shoulder blade and right upper arm. It is also associated with increased sensitivity and numbness, stiffness and tingling. There is left shoulder pain that is rated 3 on a scale of 0 to 10. This pain is frequent, and there is decreased range of motion and it is associated with increased sensitivity and numbness, stiffness and tingling. He has left wrist pain that is rated a 3 on a scale of 0 to 10 and it is frequent. Rotation of the wrist aggravates his symptoms. It is associated with increased sensitivity and numbness, stiffness and tingling. He has post traumatic anxiety and depression and insomnia. Treatment to date has included diagnostic studies, and medications. Current medications include Mobic, Tramadol, Prilosec, Methocarbamol, Zanaflex (since at least 12-06-2014), and

Hydrocodone. He also takes Pravastatin, Metformin and Clonazepam (Prilosec should not be taken with this). The Request for Authorization dated 08-27-2015 includes Prilosec, Mobic, Ultram, Zanaflex, 4 week follow up visit, and an orthopedic consultation. On 09-15-2015 Utilization Review non-certified the request for Zanaflex 4mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: 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 patient presents on 08/27/15 with pain in the posterior neck rated 4/10, mid back pain rated 2/10, upper back pain rated 4/10, right shoulder pain rated 2/10, left shoulder pain rated 3/10, and left wrist pain rated 3/10. The patient also complains of stress and anxiety secondary to chronic pain and injury. The patient's date of injury is 05/04/15. The request is for Zanaflex 4MG #90. The RFA is dated 08/27/15. Physical examination dated 08/27/15 reveals tenderness to palpation of the left AC joint with positive Hawkins-Kennedy test, Neer's test, Obrien's test, and Empty can tests bilaterally. The provider also notes positive Tinel's sign at the "Gillion's" and left ulnar notch, and positive Phalen's test on the left. The patient is currently prescribed Norco, Mobic, Tramadol, Prilosec, Methocarbamol, and Hydrocodone. Patient is currently classified as temporarily totally disabled through 10/08/15. MTUS Guidelines, Muscle Relaxants for pain section, pg 66 states the following: Tizanidine 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 Guidelines, Medications for chronic pain section, pg 60 also states: A record of pain and function with the medication should be recorded, when medications are used for chronic pain. In regard to the continuation of Zanaflex, the requesting physician has not provided adequate documentation of efficacy. This patient has been taking this medication since at least 12/16/14. Progress note dated 08/27/15 does not specifically address the efficacy of this medication, stating: "The pain is made better by lying down, medication, and sitting." Such generic and vague documentation of efficacy does not satisfy MTUS requirements, which require a statement confirming that any particular medication is improving function or reducing pain, when such medications are prescribed for chronic pain. Without such documentation, continuation of this medication cannot be substantiated. The request is not medically necessary.