

Case Number:	CM15-0208994		
Date Assigned:	10/28/2015	Date of Injury:	10/10/2007
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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: North Carolina

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 62 year old female, who sustained an industrial injury on 10/10/2007. Diagnoses include cervical sprain-strain with spondylotic change, De Quervain's bilaterally, status post carpal tunnel releases, left shoulder sprain-strain, "with MRI revealing tendinosis and cuff tear." Treatments to date include activity modification, medication therapy, physical therapy, and chiropractic therapy. On 10-1-15, she complained of ongoing pain in the pain in the neck on the left side with shoulder girdle pain and muscle spasms in the shoulder. Pain on average was rated 8 out of 10 VAS, 4 out of 10 VAS with medication and 10 out of 10 VAS at worst. Current medication included Norco "occasionally" and Zanaflex for spasms, with heat patches and ice packs used as well. It was documented a 50% reduction of pain and increased functional ability was obtained with medication use. The records did not include documentation regarding length of time medications were prescribed. A narcotic agreement and urine drug screens were address and appropriate. The physical examination documented neck pain with cervical compression. Muscle spasm and decreased cervical range of motion was noted. The left shoulder demonstrated decreased range of motion and a positive impingement sign. The plan of care included ongoing medication therapy. The appeal requested authorization for Zanaflex 2mg #90. The Utilization Review dated 10-15-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #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 California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic cervical neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary