

Case Number:	CM15-0225819		
Date Assigned:	11/24/2015	Date of Injury:	03/10/2004
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/17/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female, who sustained an industrial injury on 3-10-2014. Diagnoses include right shoulder impingement status post arthroscopy, status post surgical intervention for thoracic outlet syndrome, and cervical degenerative changes. Treatments to date include right scalene nerve block and medication therapy. The records documented medications including Hydroxyzine HCL 100mg at bed time, Lamotrigine 200mg, Wellbutrin 300mg, Gabapentin 200mg, one three times daily, Meloxicam, Nexium, Norco 10-325, and Tizanidine 4mg, four times daily prescribed since March 2015. On 10-21-15, she complained of no change in the pain and right hand cramps from previous evaluations. Pain was rated 4 out of 10 VAS. Current medications included Meloxicam 15mg, Nexium, Norco 10-325mg twice daily, Zanaflex 4mg one to two tablets before bed, and Wellbutrin 300mg daily. Medications were noted to allow her to function. The physical examination documented cervical tenderness, shoulder tenderness, and decreased sensation to right thumb and index finger. The plan of care included ongoing medication therapy. The appeal requested authorization for Zanaflex 4mg #60. The Utilization Review dated 10-27-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the CA MTUS/Chronic Pain Treatment Guidelines, Muscle relaxants page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from 10/21/15 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore the prescription medication is not medically necessary and the determination is for non-certification.