

Case Number:	CM14-0093399		
Date Assigned:	07/25/2014	Date of Injury:	07/14/1997
Decision Date:	09/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old male who reported an injury on 7/14/97. The mechanism of injury was not provided. On 1/23/14, the injured worker presented with right elbow and wrist pain. Upon examination, there was slight limitation in range of motion of the right shoulder. There was a negative Tinel's at the right wrist over the median nerve and at the elbow over the ulnar nerve. There was tenderness in the myofascial areas of the neck, low back, and right wrist. There was crepitation with range of motion testing in the right shoulder and wrist and negative Hawkins' impingement sign. The diagnosis was cervicalgia, lumbago, and joint pain in the lower leg. Current medications included Butrans and Flector patch. The provider recommended Zanaflex.

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 Treatment Guidelines Non -Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement, and efficacy appears to diminish over time. Prolonged use with some of these medications in this class may lead to dependence. The provider's request for Zanaflex 2 mg with a quantity of 90 exceeds the guideline recommendation of short term treatment. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.