

Case Number:	CM14-0211569		
Date Assigned:	12/24/2014	Date of Injury:	08/03/2009
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 47-year-old female who reported an injury on 08/03/2009. The mechanism of injury was not provided. Her diagnoses include myalgia and myositis, cervical sprain/strain, status post right shoulder surgery, status post right carpal tunnel release, and status post left carpal tunnel release. Past treatment was noted to include ice, chiropractic therapy, physical therapy, acupuncture, carpal tunnel release, injections, and medications. On 12/15/2014, it was noted the injured worker had complaints of pain to her neck and bilateral upper extremities. Upon physical examination, it was noted the injured worker had limited range of motion and tenderness about the triceps area over the left arm, as well as aggravation of neck pain with marked limited range of motion to the cervical spine. Relevant medications were not included. The treatment plan was noted to include medications, acupuncture, psych consult, pain management, chiropractic therapy, and ice packs. A request was received for Zanaflex 4 mg #90 without a rationale. The Request for Authorization was not provided.

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 Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The request for Zanaflex 4mg #90 is not medically necessary. According to the California MTUS Guidelines, muscle relaxants are recommended as a second line option for short term treatment as prolonged use may lead to dependence. The clinical documentation submitted for review did not indicate how long this injured worker had been on this medication, nor its efficacy. Consequently, the request is not supported by the evidence based guidelines. As such, the request for Zanaflex 4mg #90 is not medically necessary.