

Case Number:	CM15-0016835		
Date Assigned:	02/05/2015	Date of Injury:	12/12/2011
Decision Date:	03/23/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	01/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year old male, who sustained an industrial injury on December 12, 2011. The diagnoses have included cervical degenerative disc disease with radiculopathy, shoulder degenerative joint disease, and bilateral shoulder RCT. Currently, the injured worker complains of left upper extremity radicular symptoms, neck pain and stiffness. The injured worker reported neck stiffness and her left shoulder range of motion was limited. On January 29, 2015 Utilization Review non-certified a request for Zanaflex 4 mg #60 and Hydroxyzine 25 mg #30, noting that the request for Zanaflex was modified to allow for weaning and there is no indication, diagnosis or recommendation for the use of hydroxyzine for long-term use. The California Medical Treatment Utilization Schedule and Official Disability Guidelines were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Zanaflex 4 mg #60 and Hydroxyzine 25 mg #30.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, p63 Page(s): 63.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for left shoulder and left upper extremity radicular symptoms. Medications included Zanaflex being prescribed on a long-term basis. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.

Hydroxyzine 25 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Anxiety medications in chronic pain Hydroxyzine prescribing information

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for left shoulder and left upper extremity radicular symptoms. He is also being treated for major depressive disorder. Hydroxyzine is used to treat anxiety disorders in patients with chronic pain. In this case, the claimant does not have a diagnosis of anxiety and therefore this medication is not medically necessary.