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| Case Number: | CM15-0123846 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 05/06/2013 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old male, who sustained an industrial injury on 5/05/2013. Diagnoses include status post electrocution to the left upper extremity, status post mechanical fall as a result of electrocution, left shoulder strain with tendinitis and impingement, lumbar strain with left lower extremity radiculopathy, multiple 2mm disc bulge with lumbar degenerative disc disease, cervical sprain/strain, probable transmandibular joint (TMJ) injury left jaw, urinary incontinence, multiple myofascial tender points, and mild bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, ice, activity modification, medications and specialist consultations. Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported left shoulder pain with radiation to the head, shoulder, arm, neck, fingers, back, lower back, buttocks, hip, leg, knee, ankle, foot and toes. He rates the severity of the pain as 7/10. Physical examination of the left shoulder revealed tenderness subacromially with slightly improved motion. Active abduction was 120 degrees which was passively increased to 140 degrees. The cervical and lumbar spine were tender and he had decreased sensation to the thumb, index finger and long finger. Surgery for the left shoulder and left carpal tunnel release were requested and not authorized. The plan of care included medications and authorization was requested for Norco, Naproxen and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 1qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 63-66.

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. There is no indication that the injured worker is suffering from spasticity. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zanaflex 4mg #60 1qd is determined to not be medically necessary.

Naproxen 550mg #160 1 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Naproxen 550mg #160 1 BID is determined to not be medically necessary.