

Case Number:	CM15-0025152		
Date Assigned:	02/17/2015	Date of Injury:	07/22/2004
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 62 year old female who sustained an industrial injury on 07/22/2004. Current diagnosis was not included. Previous treatments included medication management, physical therapy, home exercise program, and interferential stimulation unit per the utilization review. Documentation submitted for review included physician progress reports dated 06/25/2009 through 09/03/2013, there was no recent documentation submitted. Report dated 09/03/2013 noted that the injured worker presented with complaints that included continued bilateral shoulder, neck, and left hand pain. The injured worker was noted to not be prescribed any medications. Physical examination was not included. Utilization review performed on 02/04/2015 non-certified a prescription for Zanaflex, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #10 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic cervical myofascial pain; left cervical brachial myofascial pain; left elbow ulnar neuritis; and left wrist sprain/strain. The most recent progress note in the medical record is July 3, 2013. Flexeril was prescribed at that time. The oldest progress note in the medical record is December 9, 2010. Flexeril was prescribed at that time. There is no additional subsequent documentation after the July 3, 2013 progress note. There is no documentation with a clinical entry for Zanaflex 4 mg. There is no clinical indication or clinical rationale for Zanaflex. Additionally, muscle relaxants, whether Flexeril or Zanaflex, are indicated for short-term (less than two weeks) use. Flexeril was prescribed back in 2010 and the injured worker used Flexeril through September 3, 2013. There is no subsequent documentation in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Zanaflex in contravention of the recommended guidelines, Zanaflex 4 mg #10 is not medically necessary.