

Case Number:	CM15-0075687		
Date Assigned:	05/29/2015	Date of Injury:	01/16/2002
Decision Date:	06/25/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61-year-old female who sustained an industrial injury on 01/16/2002. Diagnoses include right shoulder internal derangement-status post arthroscopic decompression x 2 with distal clavicle resection, status post manipulation under anesthesia and residual tendinitis and adhesive capsulitis, unstable L5-S1 spondylosis/spondylolisthesis with right lumbar radiculitis, and right lateral epicondylitis. Treatment to date has included medications, and use of his interferential unit. A physician progress note dated 02/26/2015 documents the injured worker complains of pain in the right shoulder and lumbar spine. There is mild restriction in the right shoulder range of motion with impingement and subacromial tenderness. He has low back tenderness with positive right straight leg raise and hamstring tightness. His urine drug screen is consistent with his present analgesic regimen. The treatment plan includes renewal of Tizanidine and Ultram, continuation of use of interferential unit, and consideration right shoulder subacromial injection for persistent internal derangement. Treatment requested is for Zanaflex 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Prospective request for 1 prescription of Zanaflex 4mg #30 is not medically necessary.