

Case Number:	CM15-0079528		
Date Assigned:	04/30/2015	Date of Injury:	10/08/2004
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Physical Medicine & Rehabilitation

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 56-year-old female, who sustained an industrial injury on October 8, 2004. She reported bilateral shoulder, left hand and neck pain. The injured worker was diagnosed as having herniated nucleus pulposus of the cervical spine, status post right shoulder arthroscopic decompression, left shoulder impingement syndrome and right trigger thumb. Treatment to date has included diagnostic studies, conservative care, medications, home exercises and work restrictions. Currently, the injured worker complains of continued right neck, shoulder and upper extremity pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 25, 2015, revealed continued pain as noted. A muscle relaxant was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg qty: 60 refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: The injured worker is being treated for cervical herniated disc, shoulder impingement and right trigger thumb. Physical examination is noted for tenderness of the right shoulder with impaired range of motion and abduction and flexion secondary to pain, positive apprehension test at the right shoulder and full right hand range of motion and muscle spasms in the cervical paraspinal and right trapezius muscles. Treatment includes home exercise program for the right shoulder, ibuprofen and Flexeril. Request is being made for 90-day supply of Zanaflex. Available treatment records and documentation is only for 1 visit. With regards to muscle relaxants, MTUS guidelines recommends use for short course of therapy, usually 2 weeks for symptom improvement. Request is written his for 30 day supply with 2 refills and a 3 month follow-up. This used for muscle relaxants is not in compliance with MTUS guidelines as short-term therapy and is therefore not medically necessary.