

Case Number:	CM14-0147346		
Date Assigned:	09/15/2014	Date of Injury:	08/10/2011
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male, who sustained an injury on August 10, 2011. The mechanism of injury is not noted. Diagnostics have included: 2011 lumbar MRI reported as showing multi-level disc disease; 2013 cervical spine MRI reported as showing multi-level disc disease, 2012 right knee MRI reported as showing medial meniscus tear; May 7, 2014 right shoulder MR arthrogram reported as showing labral tear and impingement; .2013 left knee MRI reported as showing lateral meniscus tear; 2013 EMG reported as showing bilateral S1 radiculopathy. Treatments have included: medications, physical therapy, TENS. The current diagnoses are: chronic low back and bilateral leg pains, lumbar disc disease, cervical pain and disc disease, chronic right knee pain with medial meniscus tear, right shoulder pain with labral tear and impingement, left knee pain with lateral meniscus tear, bilateral S1 radiculopathy. The stated purpose of the request for Retro Zanaflex 4mg BID #60 was not noted. The request for Retro Zanaflex 4mg BID #60 was denied on September 5, 2014, citing a lack of documentation of exam findings of muscle spasm and a lack of guideline-support for long-term use of muscle relaxants. Per the report dated September 12, 2014, the treating physician noted complaints of pain to the neck, low back, right shoulder and knee. Per the report dated August 19, 2014, the treating physician noted complaints of pain to the neck, low back, right shoulder and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), page 63-66.

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the neck, low back, right shoulder and knee. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective Zanaflex 4mg #60 is not medically necessary.