

Case Number:	CM13-0004414		
Date Assigned:	12/27/2013	Date of Injury:	10/13/2008
Decision Date:	05/06/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/29/2013

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 Physical Medicine & Rehabilitation 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 56 year old female that reported an injury on 10/13/2008. The mechanism of injury reported was a fall. The clinical note dated 09/16/2013 noted that the injured worker complained of pain with a VAS score of 6/10. The documentation noted that the symptoms were similar to previous visits with complaints of low back pain and shoulder pain. Still waiting for MRI request. Upon examination the injured worker was noted to have an improved gait, pain to the right shoulder, and pain with internal and external rotation was noted. Diagnoses are listed as right shoulder pain and, right knee pain. The documentation provided for review did not include previous treatments. The clinical note dated 04/04/2013 was a follow up to the injured workers total right knee replacement and noted that the injured worker walked without a limp, voiced very little pain, range of motion was 120 degrees of flexion, no effusion

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BENZODIAZEIPINES Page(s): 24.

Decision rationale: The Expert Reviewer's decision rationale: The request for Alprazolam 0.5MG, #60 is non-certified. The CA MTUS states that Benzodiazepines are recommended for long term use. Most guidelines limit use to four (4) weeks. It is noted in the guidelines that anxiolytic effects occurs within months. The documentation provided did not include the frequency of the medication, the date the medication was started. There was no information provided for review for the reasoning of the medications being prescribed, determine how long the patient has been taking the medication. The request did not include the frequency. Therefore the request is non-certified.

TIZANIDINE 4MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE-ZANAFLEX..

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

Decision rationale: The Expert Reviewer's decision rationale: The request for Tizanidine 4MG, #60: is non-certified. The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation provided did not give levels of pain, the results of the pain from using the muscle relaxor or the date that the medication was started. The request submitted did not include the frequency at which the medication was prescribed to determine necessity. Therefore the request is non-certified.