MAXIMUS Federal Services

Case Number:	CM13-0026388		
Date Assigned:	11/22/2013	Date of Injury:	06/01/2011
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 claimant sustained a work related injury on 06/01/2011. She reported cummulative effects related to her employment as a dental hygenist. She has diagnoses of cervical radiculopathy, bicpital tenosynovitis, lumbar myeolpathy, shoulder pain, depression and axiety. She has received treatment with medical therapy, nerve blocks and evaluation for a functional restoration program. On exam she has continued complaints of neck, shoulder and back pain. The treating provider has requested Lorazepam 1mg and Tizanidine 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Lorazepam is a benzodiazepine drug having anxiolytic, anticonvulsant, muscle relaxant, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety. The medication is not being used specifically for the treatment of chronic pain. Per California MTUS Guidelines, benzodiazepines

are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates continued symptoms of depression with anxiety related to her work injuries. Medical necessity for the requested medication, Lorazepam has been established. The requested treatment is medically necessary.

Tizanidine 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha-2-adrenergic agent FDA approved for the treatment of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and as adjunct treatment for the treatment of fibromyalgia. Per California MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflmmatory medications alone. The claimant has no reported cervical or lumbar spasm on exam . Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.