

Case Number:	CM13-0061964		
Date Assigned:	06/09/2014	Date of Injury:	08/17/2007
Decision Date:	08/01/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 60-year-old male with a reported date of injury on 08/17/2007. The mechanism of injury was reported as a fall while performing his duties as a Corrections Officer. The injured worker presented with pain in the neck and low back pain. Upon physical examination, the physician indicated the injured worker's range of motion was reduced. In addition, the physical examination of the lumbar spine revealed tenderness to palpation over the midline lumbar spine, bilateral paraspinous musculatures and bilateral gluteus. Sensory examination revealed intermittent numbness and tingling that radiated from the injured worker's bilateral lower extremities to the feet. In addition, the clinical note dated 01/20/2014 indicated the injured worker has been approved for lumbar spine surgery, the results of which were not provided within the documentation available for review. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included lumbar spine with diffused degenerative facet changes, lumbar spine grade 1 anterolisthesis of L4 on L5 and lumbar radiculitis. The injured worker's medication regimen includes Tizanidine, Norco and Clorazepate. The Request for Authorization for Tizanidine HCL 4 mg quantity 90 and Clorazepate 7.5 mg quantity 30 was submitted on 12/14/2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE HCL 4MG QUANTITY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine, page(s) 66 Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines state that Tizanidine is centrally-acting alpha 2 adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated effectiveness for low back pain, 1 study (conducted only with females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the author has recommended its use as a first line option to treat myofascial pain. According to the documentation provided for review, the injured worker has utilized Tizanidine prior to 05/06/2013. There is a lack of documentation related to the functional and therapeutic benefit in the long term use of Tizanidine. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request is not medically necessary and appropriate.

CLORAZEPATE 7.5MG QUANTITY: 30: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. According to the clinical documentation provided for review, the injured worker has utilized Clorazepate prior to 05/06/2013. There is lack of documentation related to the therapeutic and functional benefit in the long term use of Clorazepate. The MTUS Chronic Pain Guidelines do not recommend long term use of Clorazepate. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request is not medically necessary and appropriate.