

<b>Case Number:</b>	CM14-0006740		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/29/2003
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational 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 patient is a 48-year-old female who has submitted a claim for degenerative joint disease, multiple sites, associated with an industrial injury date of 04/29/2003. Medical records from 2012 to 2014 were reviewed. The patient complained of chronic neck and shoulder pain aggravated by cold weather, lifting, and weight bearing. She has problems with sleeping and with anxiety. Physical examination showed an alert female who is less depressed. Spasms were noted over the right side of the neck and right shoulder. Range of motion was limited by pain. Decreased right hand grip was also noted. There was numbness over the left little finger and palm. Treatment to date has included medications, psychiatric therapy, physical therapy, right carpal and cubital tunnel release/transposition (2001), rotator cuff repair (2005), cervical fusion (2006), and left carpal tunnel release (2009). Utilization review, dated 12/23/2013, denied the request for Zanaflex because the patient was not diagnosed with myofascial pain, and long term use is not supported by guidelines; and denied the request for Klonopin because guidelines do not support its long-term use, and it should be used as an adjunct for stabilization during initiation of an SSRI or SNRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF ZANAFLEX 6MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63,66.

**Decision rationale:** Page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. They also show no benefit beyond NSAIDs in pain and overall improvement. Page 66 states that Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity and myofascial pain. In this case, the patient has been using Zanaflex as far back as 2002 without evidence of overall pain improvement and functional gains. Also, patient is not diagnosed to have myofascial pain. Furthermore, guidelines do not support long term use of Zanaflex. The medical necessity has not been established. Therefore, the request for 1 Prescription Of Zanaflex 6MG #60 is not medically necessary.

**1 PRESCRIPTION OF KLONOPIN 1MG #60:** Upheld

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

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

**Decision rationale:** As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, patient has been on Klonopin since 2012 for anxiety and sleeping difficulty. However, guidelines do not recommend long-term use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for 1 Prescription Of Klonopin 1mg #60 is not medically necessary.