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| <b>Case Number:</b>   | CM14-0013170 |                              |            |
| <b>Date Assigned:</b> | 02/24/2014   | <b>Date of Injury:</b>       | 04/13/2012 |
| <b>Decision Date:</b> | 08/15/2014   | <b>UR Denial Date:</b>       | 01/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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 Internal Medicine and is licensed to practice in Arizona. 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:

This is a 40-year-old female who had an injury in April 2012 while working at [REDACTED]. She picked up a tote weighing about 15 to 20 pounds and felt a pop in her shoulder. This patient has remained symptomatic despite 17 months of conservative care which included rest, physical therapy, anti-inflammatories, acupuncture, chiropractic treatment, behavior modification, and steroid injection. And MRI that was obtained on April 15, 2013, showed a partial thickness tear at the musculotendinous junction of the infraspinatus tendinosis. At this point she wants to proceed with surgery for a subacromial decompression. This authorization request is for the medications, lorazepam and flexeril. The records do not reflect why she is on these or when they were started. There is no record of anxiety. She does have hyperthyroidism for which she takes Tapazol. She has some depression, mood lability and sleep disturbances. There is no report of ongoing muscle spasms, though she did have them initially and the time of her injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ATIVAN 2 MG QUANTITY 90 WITH THREE REFILLS:** 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 Pain Interventions and Treatments, Anti-spasticity/Antispasmodic Drugs, Benzodiazepines Page(s): 24,66.

**Decision rationale:** The MTUS states there appear to be little benefit for the use of benzodiazepines (class of drugs, which includes Lorazepam). They 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 four weeks. Their range of action includes sedative/hypnotic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The chronic usage of any benzodiazepine is thus not recommended and therefore not medically necessary.

**FLEXERIL 10 MG WITH THREE REFILLS:** 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 Pain Interventions and Treatments, Flexeril Page(s): 41.

**Decision rationale:** Flexeril (cyclobenzaprine) is an antispasmodic muscle relaxant. It is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. This patient has been on Flexeril for a long time and the request for authorization is for ongoing usage. This patient does not meet the justification for the use of Flexeril therefore, the request is not medically necessary.