

Case Number:	CM14-0013228		
Date Assigned:	02/24/2014	Date of Injury:	07/17/2007
Decision Date:	10/01/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	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, Geriatric 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 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 48 year old with a date of injury on 7/17/07. He was seen by his primary treating physician on 12/17/13 with complaints of headaches, neck pain with radiation to the left shoulder with numbness and tingling in his left elbow and hand intermittently. He had continuous pain in his low back with increased pain with activity. His medications included lotensin, celexa, wellbutrin, ambien, valium, ultram, tizanidine, Zofran, biotin, ketoprofen and creams. His physical exam showed only weight and height. His diagnosis was traumatic cervical myelopathy with resultant left hemiparesis. At issue in this review are the prescriptions for zanaflex, tramadol and diazepam. Length of prior prescription was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10 MG X 15 TABLETS: Upheld

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

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

Decision rationale: The injured worker has chronic pain with an injury sustained in 2007. His medical course has included ongoing use of medications including benzodiazepines and muscle

relaxants. 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. 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. In this injured worker, valium is prescribed for ongoing use and the records do not document the target symptoms nor review efficacy or side effects to justify medical necessity. Therefore, the request is not medically necessary.

TRAMADOL 50 MG ONE TABLET THREE TIMES A DAY #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. His medical course has included ongoing use of medications including benzodiazepines and muscle relaxants. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The MD visit fails to document any improvement in pain, functional status or side effects to justify ongoing use. Therefore, the request is not medically necessary.

ZANAFLEX 4 MG ONE TABLET BY MOUTH DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Zanaflex is a muscle relaxant used in the management of spasticity. This injured worker has chronic pain with an injury sustained in 2007. His medical course has included ongoing use of medications including benzodiazepines and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify ongoing use. The medical necessity for zanaflex is not supported in the records.