

Case Number:	CM14-0150506		
Date Assigned:	09/22/2014	Date of Injury:	08/01/2012
Decision Date:	11/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family 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:

This is a 55-year-old male patient who reported an industrial injury to the back, right knee, and left hip on 8/1/2012, over two (2) years ago, attributed to the performance of his usual and customary job tasks. The patient reported pain to the left side of his low back extending into the left hip. Medications were helpful but he complained of difficulty with weight-bearing. It was reported that the patient struggled with weight issues and was morbidly obese. The objective findings on examination included "ambulates with aid of a four point cane; antalgic gait and posture; significant paraspinal muscle spasms throughout the lumbar paraspinal region; decreased range of motion to the lumbar spine; SLR positive on the right; EHL weakness on the right. The diagnosis was chronic low back pain; morbid obesity; hypertension; and diabetes mellitus. The treatment plan included discontinuation of Flexeril and a trial of Tizanidine. The patient was to have a trial of Xanax at a dose of 4 mg #60. The patient was to lose weight with a goal of being able to tolerate spinal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 1 TAB (NO DOSE SPECIFIED) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic pain chapter 2008 page 128; muscle relaxant Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The patient is prescribed Tizanidine #60 with unspecified dosing on a routine basis for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. The patient is prescribed Zanaflex for muscle spasms to the lower back. The CA MTUS does recommend Tizanidine (unspecified dose) #90 for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic back pain. Therefore, Tizanidine 1 Tab (No Dose Specified) #60 is not medically necessary.

XANAX 4MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain; benzodiazepines

Decision rationale: The trial prescription of Xanax (alprazolam) 4 mg #60 is not supported with objective evidence to support medical necessity and is inconsistent with the recommendations of the currently accepted evidence-based guidelines. There was no rationale supported by objective evidence for the very high dose for the initially prescribed Xanax. The usual dose is 0.25 mg to 0.5 mg for the treatment of anxiety. The patient is being prescribed a benzodiazepine for a muscle relaxant and an anxiety agent, which is not recommended by the CA MTUS. There is no demonstrated medical necessity for the prescription of Xanax/Alprazolam for this patient in relation to the effects of the industrial injury. The Xanax/Alprazolam is being prescribed for anxiety issues that are not supported with a rationale for a nexus to the cited mechanism of injury or cited diagnoses. The patient was recommended to be discontinued from the prescribed Xanax/Alprazolam. There is no demonstrated medical necessity for winning as the patient has just been initiated a trial dose. The anxiety issues are not demonstrated to be industrial and should be treated with alternative methods. The use of short half-life benzodiazepines, such as

Alprazolam 4 mg for anxiety is not medically necessary or supported by evidence-based guidelines. The request for the use of Xanax for anxiety, or as a muscle relaxant is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines. The ODG states: 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. A more appropriate treatment for anxiety disorder is an antidepressant. The prescription of Xanax/Alprazolam on an industrial basis is not medically necessary and inconsistent with evidence-based guidelines. The current prescription for Xanax/Alprazolam is not demonstrated to be medically necessary or reasonable for the treatment of the effects of the industrial injury. The CA MTUS does not recommend Xanax/Alprazolam as the efficacy is unproven, alternatives are readily available, and Xanax use may lead to dependence. Therefore, Xanax 4mg #60 is not medically necessary.