

Case Number:	CM14-0164649		
Date Assigned:	10/09/2014	Date of Injury:	02/04/2004
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 claimant was injured on 02/04/04. Zanaflex and Valium are under review. The claimant was also prescribed Percocet. She is status post, an MRI on 04/18/13 that revealed fusions at the C4-C5 and C5-C6. On 07/17/14, she had spasms in her low back and decreased sensation in the left posterior thigh. She complained of increased low back pain radiating down the left leg in an L5 distribution. She had a well-healed scar and spasms in the low back with decreased left FHL. There was a positive straight leg raise on the left side at 45 and on the right side at 60. She was status post-surgery and had not had another MRI. She has a diagnosis of lumbar radiculitis noted on 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines, and Muscle Relaxants (for pain), and Antispastici.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for the use of Zanaflex 4 mg #90, frequency unknown. The MTUS state for Zanaflex and other muscle

relaxers: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants 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. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded." The medical documentation provided does not establish the need for long-term use of Zanaflex which MTUS guidelines advise against. In this case, there is no evidence of trials of local modalities such as ice/heat, exercise, or judicious trials of first line medications for pain. As such, this request for Zanaflex 4 mg #90 is not medically necessary. It is also not clear why Zanaflex is needed when Valium was also prescribed and can be used for muscle spasms. The request for Zanaflex 4mg #90 is not medically necessary.

Valium 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for Valium 5 mg #60, frequency unknown. The MTUS state "benzodiazepines (Alprazolam) 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. 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." In this case, the claimant's pattern of use of Valium is unknown and the measurable objective benefit to her and evidence of sustained functional improvement has not been described. There is no evidence that the claimant has been involved in an ongoing exercise program to try to maintain the benefit of treatment measures. The specific indication for the use of Valium which can be used for anxiety disorders and as a muscle relaxer has not been described. The use of Valium for muscle spasms would appear to be duplicative since Zanaflex has also been recommended. The medical necessity of this request for Valium 5mg #60, frequency unknown, has not been clearly demonstrated. The request for Valium 5mg #60 is not medically necessary.

