

<b>Case Number:</b>	CM14-0021490		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 67-year-old male who reported an injury on 12/18/2008. The mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/10/2013, the injured worker reported increased leg spasms in the evening and a reported pain level 5/10 with medication. Physical exam revealed the injured worker ambulated with a single point cane and a guarded gait with mild lower extremity spasticity. The exam further revealed the injured worker had 4/5 strength in the left lower extremity and 4+/5 in the right lower extremity. The injured worker's diagnoses included lumbago, displacement of lumbar disc without myelopathy, and unspecified quadriplegia. The treatment plan included continuing with Lyrica, continuing constipation relieving medications, and continuation with another physician for management of pain medications. Within the clinical note dated 01/14/2014, it was reported that the injured worker had increased leg movement at night. The injured worker reported exercising and feeling stronger. The physical exam revealed lower extremity spasticity with 4/5 strength in left lower extremity and 4+/5 in the right lower extremity. The treatment plan included continuing Lyrica, Klonopin, begin Zanaflex, and refer to the pain physician for a baclofen adjustment. The request for authorization was not provided within the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CLONAZEPAM 0.5MG:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit the use of benzodiazepines to 4 weeks because benzodiazepine tolerance to hypnotic effects develops rapidly and occurs within months and long-term use may actually increase anxiety. Within the submitted documentation, it is shown that the injured worker has utilized this medication for a time period beyond what the Guidelines recommend. Without documentation of extenuating circumstances that would explain the medical necessity to exceed the Guideline recommendations at this time the request cannot be supported by the Guidelines. As such, the request for Clonazepam 0.5 mg is not medically necessary and appropriate.

**ZANAFLEX 2 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases, the utilization of muscle relaxants in low back pain cases show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Within the submitted medical records, it does not show that during the physical examinations the injured worker indicated an acute exacerbation of pain that would indicate the use of muscle relaxants. In addition, there was no documentation to suggest that the injured worker had exhausted all first line options. Without the documentation of an acute exacerbation of pain and an indication from the physician as to the duration of usage of this medication to be for short-term usage only, the request cannot be supported by the Guidelines at this time. As such, the request for Zanaflex 2 mg #90 is not medically necessary and appropriate.

**LYRICA 100MG #90 WITH 12 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** The California MTUS Guidelines state that Lyrica has been effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications and is considered a first line treatment for both. Within the submitted documentation, there is no indication that the injured worker has a diagnosis that the Guidelines would indicate usage of this medication. As such, the request for Lyrica 100 mg #90 with 12 refills is not medically necessary and appropriate.