MAXIMUS Federal Services

Case Number:	CM14-0038573		
Date Assigned:	06/27/2014	Date of Injury:	01/12/2009
Decision Date:	07/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Virginia and District of Colombia. 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 37 year old patient who sustained injury on Jan 12 2009 to his lower back area. He had an MRI of the lumbar spine on June 19 2012 which showed broad median protrusion with focal midline prominence distorting the thecal sac at L4-5. He was noted to have ongoing issues with back pain. The treating physician saw the patient on Oct 4 2013 and prescribed Restoril, Tizanidine, Tramadol, Hydrocodone/APAP. These medications were continued as noted on the progress note in Nov 1 2013 and Nov 26 2013 and Jan 10 2014 for issues related to lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Prescribed 3/7/14): Restoril 15mg, #30: Upheld

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

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

Decision rationale: Benzodiazepine is 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 (Baillargeon, 2003) (Ashton, 2005).

Retrospective (Prescribed 3/7/14): Tizanidine HCL 2mg, #160: Upheld

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

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

Decision rationale: Tizanidine (Zanaflex, generic available) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain (Malanga, 2008). Eight studies have demonstrated efficacy for low back pain (Chou, 2007). One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain (Malanga, 2002). May also provide benefit as an adjunct treatment for fibromyalgia (ICSI, 2007). Some side effects includes somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months) (See, 2008). The recommended dosing is 4 mg with the initial dose and titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day (See, 2008). Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. From the clinical documentation provided, it does not appear medically necessary for the patient to benefit from a muscle relaxant.