

Case Number:	CM14-0044929		
Date Assigned:	07/02/2014	Date of Injury:	02/08/1995
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/11/2014

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:

This is a 54-year-old male with a date of injury of 2/8/95. The mechanism of injury occurred to his lower back after being struck by a closing elevator door. On 3/14/14, he complained of low back pain, rated 7-8/10 after activity. The pain is persistent and aching. There was also numbness and tingling to the lower extremities, prolonged standing and walking increases his symptoms, and there is reported weakness and trouble sleeping. On exam there was slight flattening of the lumbar lordosis, and tenderness in the paraspinal musculature of the lumbar region. Lumbar ranges of motion were decreased. The diagnostic impression is status post (s/p) anterior lumbar fusion at L5-S1, and multiple laminectomy and discectomies. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 4/9/14, modified the request for Xanax (alprazolam) and denied the request for Tizanidine. The Xanax 1mg was modified from #30 tablets to #15 tablets because guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The Tizanidine was denied because the records submitted for review failed to include documentation of the patient's decrease in symptoms and the occurrence or non-occurrence of side effects with the use of Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg, quantity: 30: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, the guidelines do not support the long-term use of benzodiazepines such as Xanax due to the risk of dependency and abuse. 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. It was noted in the records that the Xanax was Xanax XR 1mg, which is an extend release form. The UR modified the Xanax 1mg from #30 to #15 to allow for a weaning off of this medication. Therefore, the request for Xanax 1mg #30 was not medically necessary.

Tizanidine 4 mg, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs (NSAIDs). Efficacy appears to diminish over time (use isn't recommended for greater than 2-3 weeks), and prolonged use of some medications in this class may lead to dependence. However, there was no documentation of an acute exacerbation of the patient's chronic pain or findings of muscle spasms. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Tizanidine 4mg #60 was not medically necessary.