

Case Number:	CM14-0077616		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2007
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 08/17/07 when he fell while sitting and his chair moved. He struck his back against the chair and fell to the floor in the seated position. A CT scan of the lumbar spine on 03/30/11 showed findings of multilevel spondylosis with facet arthropathy. An MRI of the lumbar spine on 11/12/12 showed findings of L4-5 and L5-S1 spondylolisthesis with facet hypertrophy and foraminal stenosis. Assessment on 11/18/13 references injured worker being unable to wean clonazepam due to severe anxiety. He was having neck pain radiating into the upper extremities and low back pain radiating into the lower extremities. Pain was rated at 4/5/10 both with and without medications. Physical examination findings included appearing in moderate to severe distress. There was an antalgic and slow gait using a cane. There was decreased and painful cervical and lumbar spine range of motion with lumbar paraspinal muscle spasm. There was decreased lower extremity sensation. Imaging results were reviewed. Urine drug screening was ordered and medications including Tizanidine were refilled. On 01/13/14 his condition appears unchanged. He was considering spinal surgery. Medications including Tizanidine were refilled. The claimant was seen by the requesting provider on 02/17/14. He was having neck pain radiating into the right upper extremity and low back pain radiating into both lower extremities. Pain was rated at 3-6/10. Physical examination findings included appearing in moderate to severe distress. He was noted to ambulate with a cane. He had a slow and antalgic gait. There was decreased and painful cervical and lumbar spine range of motion with lumbar paraspinal muscle spasms. Straight leg raise was positive bilaterally. Norco 10/325 mg #90, Naprosyn 550 mg #60, Neurontin 300 mg #90, Cyclobenzaprine 10 mg #90, and Clorazepate 7.5 mg #30 for anxiety were prescribed. He subsequently underwent a lumbar decompression and fusion on 03/20/14. On 04/14/14 he had increased pain after the surgery.

Physical examination findings included lumbar paraspinal muscle spasm with decreased and painful cervical spine range of motion and cervical and lumbar spine tenderness. Straight leg raise was positive bilaterally. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clorazepate 7.5mg every day QTY: 30: Upheld

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

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

Decision rationale: The claimant has a remote history of work-related injury with recent treatment including a lumbar spine fusion in March 2014. He continues to be treated for chronic radiating neck and back pain. He had increased anxiety when Clorazepate was previously being discontinued. Clorazepate is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety as was seen in this case. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Clorazepate was not medically necessary.

Cyclobenzaprine 10mg three times a day QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official disability Guidelines-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work-related injury with recent treatment including a lumbar spine fusion in March 2014. He continues to be treated for chronic radiating neck and back pain. The claimant's medications have included Tizanidine prescribed on a long term basis. Flexeril was prescribed on 02/17/14 without explanation for the medication change. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory medication in pain and overall improvement. Tizanidine is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain and cyclobenzaprine is an antispasmodic closely related to the tricyclic antidepressants. In this case, muscle relaxants including the requested cyclobenzaprine

were being prescribed on a long-term basis. The ongoing prescribing of Cyclobenzaprine was therefore not medically necessary.