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| <b>Case Number:</b>   | CM14-0082235 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 05/04/2004 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 05/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 05/04/2004. The mechanism of injury was not provided within the documentation. Prior treatments were noted to be surgery, heat packs, massage therapy, medications, aqua therapy, physical therapy and hypnotic therapy. The injured worker's diagnoses were noted to be cervicobrachial syndrome, spasm of muscle and muscle weakness. The injured worker had a clinical evaluation on 05/07/2014. He had complaints of neck pain, indicating that when he moved his head from side-to-side, the pain increased. He also indicated a new pain in the center of the back of his head. The physical exam revealed anterior and posterior surgical scars. Range of motion was restricted with extension limited to 3 degrees and also limited by pain. Right lateral bending was limited to 25 degrees. Left lateral bending was limited to 20 degrees. Lateral rotation to the left was limited to 60 degrees and also limited by pain, and lateral rotation to the right was limited to 40 degrees and also limited by pain. On examination of the paravertebral muscles, spasms, tenderness and tight muscle band were noted on both sides. Tenderness was noted at the paracervical muscles, rhomboids and trapezius. Spurling's maneuver caused pain in the muscles of the neck, but no radicular symptoms. The treatment plan was for medications with a tentative surgery date. The provider's rationale for the request was provided within the documentation. A Request for Authorization for Medical Treatment was provided and dated on 05/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

**Decision rationale:** The request for tizanidine HCl 4 mg (Quantity: 30.00) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines note that tizanidine is approved for the management of spasticity, unlabeled use for back pain. Eight studies have demonstrated efficacy for low back pain. The injured worker does not have complaints for low back pain. The guidelines provide a recommendation for tizanidine for spasticity of low back pain. The injured worker did not report efficacy with the prior use of tizanidine. The provider's request for tizanidine does not provide a frequency. Therefore, the request for tizanidine HCl 4 mg (Quantity: 30.00) is non-certified.

**Clonazepam 0.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66, 124.

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

**Decision rationale:** The request for clonazepam 0.5 mg (Quantity: 30.00) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines due to the rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasms. The injured worker did not report efficacy with the use of clonazepam. The provider's request for clonazepam fails to provide a frequency. Therefore, the request for clonazepam 0.5 mg (Quantity: 30.00) is non-certified.