

Case Number:	CM14-0187849		
Date Assigned:	12/17/2014	Date of Injury:	03/31/2000
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal 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:

The injured worker (IW) is a 62-year-old woman with a date of injury of March 31, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are myalgia, and myositis. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 14, 2014, the IW complains of total body pain, chronic fatigue, and problems sleeping. She reports that her IBS is terrible. She has bloating after eating and Amitiza does not work. The IW recently saw a GI specialist who prescribed fiber and magnesium. The Dexilant stopped the reflex. Objective physical examination reveals no new joint swelling. Normal neurologic examination. No rheumatoid arthritis deformities. Current medications include Wellbutrin, Amitiza, Dexilant, Viibryd, Imitrex, Ativan, Tizanidine, Sonata, and Naproxen. The treatment plan recommendations include continue current medications, and request physical therapy for managing and reducing pain and stiffness. Documentation indicated the IW was taking Xanax, a benzodiazepine, as far back as 2011. The Tizanidine was refilled in an August 2014 progress note suggesting the IW has been taking it for several months. There is no evidence of objective functional improvement associated with the long-term use of Tizanidine and Ativan. The current request is for Bentyl 20mg #30, Tizanidine 2mg #60, and Ativan 0.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 0.5 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) as long-term efficacy is unproven and there is a risk of psychological and physical dependence. Chronic benzodiazepine for the treatment of choice in very few conditions. In this case, the injured worker's diagnoses are myalgia and myositis. Documentation from the September 2014 and October 2014 progress notes do not list the injured worker's medications. A urine drug screen in the medical record from October 2014 was negative for any medications. Rheumatology consultation from June 2014, also, did not list any of the injured worker's current medications. Documentation from 2011 indicates the injured worker was taking Xanax (another benzodiazepines) at that time. The documentation does not indicate when the patient was changed from Xanax to Ativan. Consequently, absent the appropriate clinical documentation supporting the ongoing use of Ativan, the lack of documentation and medical record indicating medications (on progress notes), and the lack of objective functional improvement, Ativan 0.5 mg #30 is not medically necessary.

Tizanidine 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66.

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's diagnoses are myalgia and myositis. Documentation from the September 2014 and October 2014 progress notes do not list the injured worker's medications. A urine drug screen in the medical record from October 2014 was negative for any medications. Rheumatology consultation from June 2014, also, did not list any of the injured worker's current medications. The guidelines recommend muscle relaxants (Tizanidine) for short-term (less than two weeks) treatment of acute low back pain and acute exacerbations of chronic low back pain. Documentation does not reflect any evidence of an "acute" exacerbation of back pain. Additionally, the documentation does not reflect muscle spasm overlying the lumbar spine. The documentation does not reflect the Tizanidine start date and the progress notes do not list the ongoing use of Tizanidine. Consequently, the documentation is unclear as to when Tizanidine

was started and absent the appropriate clinical documentation with objective functional improvement, Tizanidine 2 mg #60 is not medically necessary.

Bentyl 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/bentyl.html>

Decision rationale: Pursuant to drugs.com, Bentyl 20mg #30 is not medically necessary. The Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines and the ACOEM do not address Bentyl. Alternative guidelines were reviewed. Bentyl is indicated for symptoms of irritable bowel syndrome. For additional details see the attached link. In this case, the injured worker has a history of chronic constipation. Bentyl is used to treat symptoms of irritable bowel syndrome which may or may not have associated constipation. Bentyl is not a first-line drug for chronic constipation. The injured worker recently visited a gastrointestinal specialist that prescribed fiber and magnesium. Consequently, because Bentyl is not a first line drug for chronic constipation, and the gastrointestinal specialist prescribed alternative measures for constipation, Bentyl 20 mg #30 is not medically necessary.