

Case Number:	CM14-0188998		
Date Assigned:	11/19/2014	Date of Injury:	04/22/2003
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 68 year old female with an injury date of 04/22/03. Per the 10/14/14 progress report the patient presents with mid to lower back pain as well as pain in the right groin area and right buttock. Touching the right lower back results in shocks down the right leg. Standing causes a catching sensation in the right groin associated with loss of bladder control. She also presents with depression and sleep difficulties. The 09/11/14 report states the patient presents with pain in the foot. She ambulates with a scooter. Examination shows the patient cannot sit due to lower back pain radiating to the right lower extremity and right hip pain. There is tenderness to palpation over the SI joints. The patient's diagnoses include: 1. Lower back pain2. Right lumbar radiculopathy/lumbar spondylosis3. Degenerative disc disease (DDD) lumbar spine4. Insomnia5. Cervicalgia6. Bilateral hip right greater than left and bilateral knee arthralgia7. Sacroiliac (SI) joint dysfunction vs. nerve irritation or combination of both8. Depression9. Plantar fasciitis right (09/11/14 assessment)10. Tarsal tunnel syndrome right (09/11/14 assessment)Current medications are listed as Cymbalta and Ativan. The treater states Neurontin, Ultram, Zanaflex and Lidoderm have not been authorized. The treater states denial of medications flares depression in the patient and she is in continued need of long term coping strategies. The utilization review being challenged is dated 10/22/14. Progress reports are provided from 02/27/14 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

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

Decision rationale: The patient presents with pain in the mid to lower back, right groin, right leg and foot along with bladder control issues, insomnia and depression. The treater requests Ativan 1 mg #30 (Lorazepam a Benzodiazepine). The 10/22/14 utilization review states the RFA is dated 10/14/14. The request has been modified from #30 to #12 between 10/14/14 and 12/16/14 by utilization review. MTUS, Benzodiazepines, page 24 states, "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." The reports provided show long term use of this medication. The 02/27/14 report states, "Ativan: Patient is 'a mess' if she doesn't take it she wants to 'commit suicide;' she get so nervous she doesn't know what to do. Helps patient function day to day with cognitive activities helps her remain stable. When patient is in the office and taking Ativan she is very stable, and able to perform a rational exam. When she is not taking it, it becomes hard to assess the patient because of her nervousness and emotional state." The 10/14/14 reports states, "Patient will continue on Ativan taper, pt down to 1 mg po qday, taper #18 per carrier unilateral decision." Numerous prior reports state that the patient continues on Ativan with taper. In this case, the reports show the patient has been prescribed this medication much longer than the 4 weeks recommended by MTUS. It would appear that #18 was authorized by the carrier to facilitate tapering. The treater indicates "tapering" in numerous reports and the patient is still on #30/month. Benzodiazepines are not recommended for long term use. The request is not medically necessary.

Zanaflex 4mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs; Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The patient presents with pain in the mid to lower back, right groin, right leg and foot along with bladder control issues, insomnia and depression. The treater requests for Zanaflex 4 mg #90. The 10/22/14 utilization review states the RFA is dated 10/14/14. MTUS, Antispasticity/antispasmodic drugs; Tizanidine: page 66 states, "Tizanidine (Zanaflex , generic available is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." The 02/27//14 report states the following, "Zanaflex: Helps the patient to relieve muscle spasms so she can walk and function. She gets cramps at night, Zanflex (sic), which help (sic) relieve those cramps and spasms so she can sleep." The 10/14/14 and numerous prior reports states that the patient uses this muscle relaxant

on an as needed basis, typically 1-2 time/day, when increased "tone" renders the patient less functional. The reports also state, "...pt inc tone lessens, allowing for increased function." In this case, the patient presents with lower back pain for which Zanaflex is indicated, and the treater states that it helps the patient. The request is medically necessary.