

Case Number:	CM14-0189067		
Date Assigned:	11/19/2014	Date of Injury:	10/22/1999
Decision Date:	01/14/2015	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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury of 10/22/99. The mechanism of injury is not described in the treatment records provided. Accepted conditions related to this injury include multiple head injuries, bilateral hip injury, left shoulder injury, low back injury and neck injury. He did have bilateral hip replacements in 2003. Electrodiagnostic testing of the lower extremities on 3/22/13 showed evidence for advanced polyneuropathies with no radiculopathy. The treating physician's diagnosis is depression. Utilization Review on 6/12/14 modified the request for temazepam 15 milligrams #90 to #70 tablets for titration downward. The request for baclofen and tizanidine was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg QTY #360 with 3 refills: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia, Benzodiazepines

Decision rationale: Temazepam is a benzodiazepine type of medication. The MTUS notes that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limiting use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice and very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The ODG guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The Utilization Review of 6/12/14 notes that the request for temazepam was modified to 70 tablets to allow for downward titration. This request for a one-month supply with 3 refills is clearly not supported by the MTUS and ODG guidelines which recommend only short-term use. The request for Temazepam 15mg QTY #90 with 3 refills is not medically necessary.

Baclofen 10mg #90 with 3 refills: 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 relaxers, Anti-spasticity drugs, Baclofen Page(s): 63-64.

Decision rationale: The MTUS notes that muscle relaxants are 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 nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy does appear to diminish over time. Sedation as the most commonly reported adverse effect of muscle relaxant medications. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Baclofen is an antispasticity drug used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancination, paroxysmal neuropathic pain (trigeminal neuralgia, nonFDA approved). (ICSI, 2007) Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. Dosing: Oral: 5 mg three times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day. (See, 2008) In this case the records show that baclofen has been used at least since February 2014 and the current request is for a one-month supply with 3 refills. This clearly exceeds the MTUS recommendation for short-term use. The medical records from the primary treating physician do not indicate any significant muscle spasm. The request for baclofen 10 mg #90 with 3 refills is not medically necessary.

Tizanidine 4mg QTY #90 with 3 refills: 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 Anti-spasmodics/anti-spasticity drugs Page(s): 63 AND 66.

Decision rationale: The MTUS notes that muscle relaxants are 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 nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy does appear to diminish over time. Sedation as the most commonly reported adverse effect of muscle relaxant medications. The MTUS notes that Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case the medical records show that tizanidine has been used since at least February 2014 without documentation of significant muscle spasm in the treatment records. The current request is for a one-month supply with 3 additional refills. This clearly is not consistent with the short-term use of muscle relaxants recommended by the MTUS. The request for tizanidine 4 mg #90 with 3 refills is not medically necessary.