

Case Number:	CM14-0194867		
Date Assigned:	12/02/2014	Date of Injury:	08/29/2002
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

This is a 43-year-old male with an 8/29/02 date of injury. According to a progress report dated 8/7/14, the injured worker was seen for low back and left lower extremity pain with intermittent spasticity. He rated his pain level with medications as a 2/10 and without medications as a 7/10. He reported improved activities of daily living with medication use. Objective findings: decreased lumbar range of motion for flexion and extension, no other abnormal findings. Diagnostic impression: lumbar radiculopathy, lumbosacral spondylosis, myalgia and myositis, lumbar/lumbosacral disc degeneration. Treatment to date: medication management, activity modification, medial branch blocks, radiofrequency ablation. A UR decision dated 11/12/14 denied the requests for Tizanidine and Temazepam. Regarding Tizanidine, the submitted documents indicate the injured worker has been taking muscle relaxants long term. Additionally, the records did not indicate any subjective or objective complaints of spasticity. Regarding Temazepam, the submitted documents indicate the injured worker has been taking Temazepam long-term. Additionally, the injured worker is currently taking opioids. Benzodiazepines are a major cause of overdose and they act synergistically with other drugs, such as opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 1 refill: 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): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a "centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain." In addition, MTUS also states that muscle relaxants may be "effective in reducing pain and muscle tension, and increasing mobility." However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, according to the records provided for review, this injured worker has been taking Tizanidine since at least 7/10/12, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the injured worker has had an acute exacerbation to his pain. Therefore, the request for Tizanidine 4mg #60 with 1 refill is not medically necessary.

Temazepam 30mg #30 with 1 refill: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes "sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant." They are 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. However, according to the medical records provided for review, this injured worker has been taking Temazepam since at least 7/10/12, if not earlier. Guidelines do not support the long-term use of benzodiazepines. Chronic benzodiazepines are the treatment of choice in very few conditions. In addition, it is noted that this injured worker is also taking hydrocodone and tramadol. Guidelines do not support the concurrent use of opioids and benzodiazepines due to the risk of adverse effects, such as sedation. Therefore, the request for Temazepam 30mg #30 with 1 refill is not medically necessary.