

<b>Case Number:</b>	CM14-0050980		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 57 year old female with a date of injury of 5/6/2002. The nature of the injury was not included with the submitted documentation. The injured worker has complaints of painful right shoulder with range of motion and bilateral upper extremity pain. The injured workers diagnosis was bilateral upper extremity complex region pain syndrome, dental loss and major depression. The injured worker received medication management, trigger point injections, home exercise program, and spinal cord stimulator implant. Follow up appointment with her treating physician on 3/3/2014 noted the injured worker continued with complaints of persistent bilateral upper extremity pain, and included a request from the worker to change sleeping medication back to Klonopin which was helpful for sleep due to failure of Ambien CR, and continue with Tizanidine and Norco which were helpful for the pain. She reported persistent bilateral upper extremity pain. Physical findings included upper extremity "hyperalgesia" with decreased range of motion. She was then recommended to stop Ambien, and restart Klonopin, as well as continue Norco, Zanaflex, and Tizanidine. She was also recommended an exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Tizanidine 4 mg # 90:** 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:** The MTUS Chronic Pain Medical Treatment Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she was using Tizanidine chronically, which is not a recommended use for this medication for her condition. It also, was unclear as to why she required generic and name brand (Zanaflex) at the same dose of this medication. Also, there was insufficient evidence to show she was having an acute flare-up of muscle spasm at the time of this request which might have warranted a short course of a muscle relaxant. Therefore, the Tizanidine (Zanaflex or generic) is not medically necessary to continue.

**One prescription of Zanaflex 4 mg # 90:** 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:** The MTUS Chronic Pain Medical Treatment Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she was using Tizanidine chronically, which is not a recommended use for this medication for her condition. It also, was unclear as to why she required generic and name brand (Zanaflex) at the same dose of this medication. Also, there was insufficient evidence to show she was having an acute flare-up of muscle spasm at the time of this request which might have warranted a short course of a muscle relaxant. Therefore, the Tizanidine (Zanaflex or generic) is not medically necessary to continue.

**One prescription of Klonopin 2 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Chronic Pain

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of

dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, she had used Klonopin for sleep in the past, however, restarting it for chronic use again would be inappropriate and medically unnecessary.