

Case Number:	CM15-0163656		
Date Assigned:	08/31/2015	Date of Injury:	09/24/2010
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of September 24, 2010. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for Lorazepam (Ativan) and Tizanidine (Zanaflex). The claims administrator did apparently issue a partial approval of both drugs. An RFA form received on July 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Ancillary complaints of neck pain, shoulder pain, and upper back pain were reported. The applicant had reportedly lost time from work as a result of the injury, it was reported. The applicant was on Tramadol, Ativan, Synthroid, Flexeril, Atarax, baclofen, Cymbalta, and BuTrans, it was reported. Zofran was apparently endorsed on this date. The applicant was severely obese, with a BMI of 36, it was reported. The attending provider acknowledged that the applicant was having difficulty performing activities as basic as personal care, lifting, working, driving, sitting, standing, and working, it was reported. It was suggested (but not clearly stated) that the applicant was using Ativan for sedative effect. In a psychological consultation dated March 25, 2015, it was acknowledged the applicant had been taken off of work by her treating provider and had not returned to work in what appeared to be a span of several years. On June 18, 2015, physical therapy was sought. Multifocal low back and shoulder pain complaints were reported. The applicant was using a cane and/or walker to move about. The applicant was using a variety of medications to include Tramadol and Cymbalta, it was reported. The applicant was using a walker in the clinic. The applicant was described as permanently disabled, the treating provider reported. On July 6, 2015, Ativan, Norco, Tramadol, and Tizanidine were endorsed.

Multifocal pain complaints were noted. It was reiterated that the applicant had difficulty to perform activities of daily living such as personal care, lifting, driving, working, sleeping, and socializing. It was suggested that the applicant was using Ativan for sedative effect. The attending provider stated that the applicant's pain scores with the medications was 7/10 versus 9/10 without medications. The applicant was nevertheless minimally ambulatory, the attending provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain: Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Lorazepam (Ativan), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan (Lorazepam) may be appropriate for brief periods. Here, however, the renewal request for Lorazepam (Ativan) represented chronic, long-term, and/or nightly usage of the same, for sedative effect, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Tizanidine 4mg, #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Similarly, the request for Tizanidine (Zanaflex), an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine and Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain as was/is present here. This recommendation is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of “efficacy of medication into his choice of recommendations.” Here, however, the applicant seemingly remained off of work, despite ongoing Tizanidine usage, it was acknowledged on July 6, 2015. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was apparently using a walker to move about, it was acknowledged. Ongoing usage of Tizanidine failed to curtail the applicant's dependence on opioids agents such as Norco and Tramadol; it was acknowledged on that date. The applicant was still having difficulty performing activities of daily living as basic as personal

care, driving, socializing, maintaining relationships, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.