

Case Number:	CM15-0182997		
Date Assigned:	09/23/2015	Date of Injury:	03/13/1995
Decision Date:	10/29/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 65-year-old female, who sustained an industrial injury on 3-13-95. The injured worker was diagnosed as having carpal tunnel syndrome, lumbar spinal stenosis without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included L4-5 and L5-S1 fusion and medication including Oxycontin, Tizanidine, and Halcion. On 6-29-15, pain was rated as 4 of 10 with medication and 8 of 10 at worst. On 8-27-15, pain was rated as 5-6 of 10 with medication and 10 of 10 without medication. The treating physician noted, "Medication allows the patient to perform her activities of daily living and remain independent." Physical examination findings on 8-27-15 included limited cervical spine range of motion, a positive straight leg raise on the right, positive McMurray's test, a positive Tinel's sign on the right, positive impingement test, positive Finkelstein's test, and positive De Querverain's on the left. The injured worker had been taking Zanaflex and Halcion since at least March 2015. Currently, the injured worker complains of low back pain, arm pain, and wrist pain. Pain was noted to radiate to the right hip, right foot, and right buttock. Non-restful sleep was also noted. On 9-8-15, the treating physician requested authorization for Zanaflex 4mg #60 and Halcion 0.25mg #60. On 9-15-15, the requests were modified or non-certified. Regarding Zanaflex, the utilization review (UR) physician noted "considering the prolonged use of this medication without significant and meaningful improvement in sleep, a request of 1 prescription of Zanaflex 4mg #60 is recommended non-certified." Regarding Halcion, the UR physician noted, "A determination was made to initiate a weaning process for this medication on 2-11-15." The request was modified to a quantity of 48 to re-initiate a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and National Guidelines Clearing house.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. In addition, 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Halcion 0.25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. 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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason, the request is not medically necessary.