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| Case Number: | CM15-0201376 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 03/11/2004 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 34 -year-old female who sustained an industrial injury on 3-11-2004 and has been treated for low back, upper back, neck, and upper extremity pain, and depression-anxiety. On 8-27-2015 the injured worker reported pain at 7-9 out of 10 on a visual analog scale of 0-10. The examination noted muscle spasm in the neck with decreased cervical range of motion, and decreased range of motion with sensory deficit and positive straight leg raising from the lower back. Documented treatment includes epidural steroid injections, facet joint injections, a facet rhizotomy with 4-5 month relief, and medication including hydrocodone syrup, Zantac syrup, and gabapentin syrup. She has also been taking Tizanidine and Estazolam since at least 4-2015. Response to specific medications are not stated in the provided documentation. The physician's note states the injured worker is "routinely monitored for at risk behavior with random drug screens, CURES review, and a signed opioid contract is renewed every six months." The treating physician's plan of care includes 30 tablets of Tizanidine 4 mg, and 30 tablets of Estazolam 2 mg. Both were denied on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 Mg # 30: 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): Muscle relaxants (for pain).

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, page 66, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case the patient does not have a diagnosis of spasticity, myofascial pain or fibromyalgia based on the review of medical records from 8/27/15. Thus the recommendation is for non-certification. Therefore, the requested treatment is not medically necessary.

Estazolam 2 Mg # 30: 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: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, 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." Therefore the request for Estazolam is not medically necessary and is not certified.