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| Case Number: | CM15-0208433 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 01/23/2002 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 09/29/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on 1-23-2002. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for cervical, lumbar and left foot strain-sprain, lumbar disc bulges, bilateral lower extremity radiculopathy, left total knee replacement, right knee arthroscopy and right foot surgery with residual pain. Medical records dated 7-16-2015, 7-28-2015 and 9-24-2015 indicate the injured worker complains of ongoing neck and back pain radiating down the bilateral lower extremities (rated average 5 out of 10) and knee and foot-ankle pain. The treating physician on 9-24-2015 does not provide indication of psychiatric or psychological complaints. Physical exam dated 9-24-2015 notes decreased cervical, lumbar, knee and ankle range of motion (ROM). The injured worker is recommended to remain off work. Treatment to date has included surgery, therapy and medication. The original utilization review dated 9-29-2015 indicates the request for right L3-L4 Medial branch blocks, right L5 dorsal ramus block under fluoroscopy, Diazepam 5mg, Gabapentin 300mg #100 and Norco 10-325mg #90 is certified and Zanaflex 4mg #120 and Xanax 0.5mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120: Upheld

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

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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." Per MTUS CPMTG p66 "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." UDS that evaluate for Tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication long-term. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed, therefore is not medically necessary.

Xanax 0.5mg #60: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding 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. The documentation submitted for review indicates that the injured worker has been using this medication since at least 6/2015. As the treatment is not recommended for long term use, the request is not medically necessary.