

Case Number:	CM15-0209568		
Date Assigned:	10/28/2015	Date of Injury:	07/19/2006
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 19, 2006. In a Utilization Review report dated October 16, 2015, the claims administrator failed to approve a request for temazepam (Restoril) and tizanidine (Zanaflex). The claims administrator referenced an October 7, 2015 office visit in its determination. On August 24, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had received multiple epidural steroid injections, it was reported. The applicant's medication list included Norco, Neurontin, Zanaflex, Restoril, and Xanax, the treating provider reported. Several of same were renewed and/or continued. A repeat epidural steroid injection was sought. The applicant was apparently working on a part-time basis at a rate of 16 hours a week, the treating provider stated towards the top of the note. It was not clearly identified for what purpose temazepam (Restoril) was employed. The attending provider did state that the applicant's medications were ameliorating her ability to perform day-to-day activities, including work. On July 15, 2015, the applicant reported 8-9/10 pain without medications versus 4-6/10 pain with medications. The applicant was on Norco, Zanaflex, Restoril, and Xanax, the treating provider reported. Once again, the treating provider contended that the applicant's medications were beneficial in terms of ameliorating day to day activities of daily living. It was not clearly stated whether Restoril and Xanax were being employed for chronic pain purposes or for anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Anxiety medications in chronic pain and Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Benzodiazepines.

Decision rationale: No, the request for temazepam (Restoril), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as temazepam (Restoril) are not recommended for chronic or long-term use purposes, whether employed for sedative effect, anxiolytic effect, hypnotic effect, anti-convulsant effect, or muscle relaxant effect, with most guidelines limiting usage of the same to four weeks. Here, the renewal request for temazepam (Restoril) was, thus, at odds with MTUS parameters. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as “other medications” into his choice of pharmacotherapy, while the MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of the particular condition for which a particular medication has been prescribed into his choice of recommendations. Here, the attending provider did not state why he was concurrently prescribing two separate benzodiazepine agents, temazepam (Restoril) and Xanax (alprazolam). The attending provider did not, furthermore, clearly state whether or not temazepam was being employed for sedative effect, anxiolytic effect, hypnotic effect, muscle relaxant effect, etc. Therefore, the request was not medically necessary.

Tizanidine HCL 4mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Muscle relaxants (for pain).

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

Decision rationale: Conversely, the request for tizanidine (Zanaflex) was medically necessary, medically appropriate, or indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as tizanidine (Zanaflex) are FDA approved in the management of spasticity, but can be employed for unlabeled use for low back pain, i.e., the primary operating diagnosis here. The attending provider contended on multiple dates of service, referenced above, including on August 24, 2015 and July 24, 2015 that ongoing usage of

Zanaflex, in conjunction with other medications, was diminishing the applicant's pain scores from 8-9/10 without medications versus 4-6/10 with medications. The applicant, moreover, also reported that ongoing usage of medications, including Zanaflex, was facilitating the performance of day to day activities of daily living, including working on a part-time basis, the treating provider reported. All of the foregoing, taken together, suggested that the applicant had, in fact, profited from ongoing tizanidine (Zanaflex) usage in terms of the functional improvement parameters established in MTUS 9792.20e. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.