

<b>Case Number:</b>	CM15-0217401		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	01/09/2003
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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:

This injured worker is a 57 year old female who reported an industrial injury on 1-9-2003. Her diagnoses, and or impressions, were noted to include: pain in knee; lumbar region radiculopathy; bilateral tarsal tunnel syndromes with ankle-foot pain; complex regional pain disorder, right lower limb; and chronic pain syndrome with idiopathic insomnia. No imaging studies were noted. Her treatments were noted to include medication management with toxicology studies (5-14-15). The progress notes of 10-1-2015 reported complaints which included: bilateral feet and lower limb pain with continuous, excessive, extensive, intensive hot, electric burning, sharp stabbing pain, stiffness, weakness, and numbness; and very little response to medication. The objective findings were noted to include: an unchanged review of systems; reduced range-of-motion, in all planes, at the bilateral ankles; reduced strength in the bilateral distal, anterior tibial nerves; equivocal bilateral Babinski reflexes with right hip-foot syndrome stage II, and dystrophic right ankle and right foot. The physician's request for treatments were noted to include Zanaflex 4 mg 2 tablets at hour of sleep, #60, with 5 refills for relief of painful muscular spasms; and Xanax 1 mg three x a day, #90 with 5 refills to relieve anxiety. None of the previous progress reports provided noted Xanax or Zanaflex. The Request for Authorization, dated 10-1-2015, was noted for Xanax 1 mg, #90, and Zanaflex 4 mg, #60. The Utilization Review of 10-16-2015 non-certified the request for Xanax 1 mg, #90, and Zanaflex 40 mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg Qty 90: 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: Pain - 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. Review of the submitted documentation did not note any indications for the use of Xanax. As such, the request is not medically necessary.

**Zanaflex 4 mg Qty 60: 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." The injured worker is not being treated for an acute exacerbation of chronic back pain, as such, the requested treatment is not medically necessary.