

<b>Case Number:</b>	CM15-0056783		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36 year old male who sustained an industrial injury on 3/4/02. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having status post instrumentation and interbody fusion with apparent failed fusion with pseudoarthrosis and loosening of the pedicle screw instrumentation, residual radiculopathy and symptoms suggestive of neurogenic bladder and cauda equine compression. Treatments to date have included oral pain medication, and hardware injection. Currently, the injured worker complains of pain in the back and lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5 mg Qty30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Benzodiazepine Page(s): 60, 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Benzodiazepine.

**Decision rationale:** The patient presents with upper and low back pain radiating to the left leg. The request is for Ativan 0.5 MG QTY 30. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 03/13/15 revealed tenderness to palpation over the L3-L4 and L4-L5 hardware. Range of motion was decreased in all planes. Per 02/12/15 progress report, patient's diagnosis include chronic low back pain, history of fusion, L4-5 after laminectomy failed to provide benefit, disc annular tear at multiple levels above and below the fusion, bilateral lower extremity neuropathic radiculopathy, hyperreflexia, acute exacerbation of chronic low back pain. Patient's medications, per 01/30/15 include Ativan, Flexeril, Gabapentin, Methadone, Norco, and Zanaflex. Patient is temporarily totally disabled. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states: benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater has not discussed this request. Patient has been prescribed Ativan from 09/16/14 and 03/13/15. The treater has not discussed the efficacy of this medication in any of the reports provided. MTUS requires a record of pain and function when medication is taken for pain. Furthermore, ODG guidelines recommend against the use of Ativan for more than 4 weeks. The request is not in line with guideline recommendations and therefore, it Is Not medically necessary.

**Zanaflex 4 mg Qty60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Antispasticity/Antispasmodic Drugs Medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** The patient presents with upper and low back pain radiating to the left leg. The request is for Zanaflex 4 MG QTY 60. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 03/13/15 revealed tenderness to palpation over the L3-L4 and L4-L5 hardware. Range of motion was decreased in all planes. Per 02/12/15 progress report, patient's diagnosis include chronic low back pain, history of fusion, L4-5 after laminectomy failed to provide benefit, disc annular tear at multiple levels above and below the fusion, bilateral lower extremity neuropathic radiculopathy, hyperreflexia, acute exacerbation of chronic low back pain. Patient's medications, per 01/30/15 include Ativan, Flexeril, Gabapentin, Methadone, Norco, and Zanaflex. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally

acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not discuss this request. Patient has been prescribed Zanaflex from 09/16/14 and 03/13/15. In this case, the treater has not discussed the efficacy of this medication in any of the reports provided. MTUS requires a record of pain and function when medication is taken for pain. Due to lack of medication as required by the guidelines, the request for Zanaflex Is Not medically necessary.