

Case Number:	CM15-0086210		
Date Assigned:	05/08/2015	Date of Injury:	12/04/2001
Decision Date:	06/12/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/05/2015

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) with derivative complaints of depression, anxiety, and bilateral disorder reportedly associated with an industrial injury of December 4, 2001. In a Utilization Review report dated April 25, 2015, the claims administrator partially approved a request for diazepam (Valium) while denying a request for tizanidine outright. The claims administrator referenced a RFA form dated April 17, 2015 and associated progress note of April 6, 2015 in its determination. The applicant's attorney subsequently appealed, via a letter dated May 1, 2015. On March 6, 2015, the applicant's psychiatrist suggested that the applicant employ Vistaril and Cymbalta. The applicant was having issues with panic attacks, depression, and anxiety, it was reported. Little-to-no discussion of medication selection or medication efficacy transpired. In multiple RFA forms of April 17, 2014, Dilaudid, oxycodone, tizanidine, Valium, Colace, senna, Cymbalta, and Geodon were endorsed. In an associated progress note of April 6, 2015, the applicant reported unchanged pain complaints. The applicant was using oxycodone and Dilaudid for pain relief on a daily basis, in addition to tizanidine. The applicant was using Valium once to twice daily for bouts of anxiety. The applicant was also using Cymbalta and Geodon for depression and bipolar disorder, it was reported. The applicant was, furthermore, also using marijuana, it was acknowledged. The applicant was given refills of multiple medications. The applicant's work status was not clearly detailed at the bottom of the note. In an appeal letter dated January 12, 2015, the treating provider seemingly suggested that the applicant was working with a

variety of medications in place, including Dilaudid, oxycodone, Valium, Lidoderm, baclofen, Colace, senna, Voltaren, and Robaxin. It was stated that the applicant was able to perform self-care, household chores, volunteer, and maintain gainful employment as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tizanidine 4mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: No, the request for tizanidine was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not state why he is furnishing the applicant with so many different muscle relaxant medications, including tizanidine, Robaxin, and baclofen. It is not clear why the applicant needed to use so many different muscle relaxants concurrently. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, ongoing usage of tizanidine did not appear to have been particularly effectual. While it was suggested that the applicant had returned to work, ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as oxycodone and Dilaudid, both of which the applicant was using on daily basis. Ongoing usage of tizanidine failed to diminish the applicant's dependence on medical marijuana. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

1 prescription for Diazepam 5mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for diazepam (Valium), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming

symptoms, here, however, the attending provider and/or applicant were seemingly intent on employing Valium for chronic, long-term, and/or twice-daily use purposes, for anxiolytic effect. This is not an ACOEM- endorsed role for the same. Therefore, the request was not medically necessary.