

<b>Case Number:</b>	CM14-0117917		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/1999
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old female who has submitted a claim for chronic pain syndrome and cervicgia associated with an industrial injury date of 09/01/1999. Medical records from 2014 were reviewed. The patient complains of neck pain. The patient radiates to her right arm. The pain is rated at 5 - 6 out of 10. She also has constant numbness and tingling in the left hand. Patient also experiences associated episodes of headaches. Physical examination reveals tenderness in the supraclavicular axillary region. There is no tenderness in the upper arm, forearm or hand. Treatment to date has included oral medications, physical therapy, chiropractic therapy and occupational medicine. Utilization review from 07/23/2014 modified the request for Zanaflex 4mg #20 1 refill and Valium 5mg # 15 1 refill to initiate a weaning process. Long-term use of this medication is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #20 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63, 66.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. They also show no benefit beyond NSAIDs in pain and overall improvement. Page 66 states that Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity and myofascial pain. In this case, the patient has been using Zanaflex since January 2014 without evidence of overall pain improvement and functional gains. Furthermore, guidelines do not support long term use of Zanaflex. The medical necessity has not been established. Therefore, the request for Zanaflex 4mg #20 1 refill is not medically necessary.

**Valium 5mg # 15 1 refill:** Upheld

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

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

**Decision rationale:** As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. The patient has been on Diazepam (Valium) since January 2014 for anxiety symptomatology. In the most recent clinical evaluation, there was no subjective and objective finding to support the diagnosis of anxiety. There is no discussion to support the need for continuation of Diazepam use. Moreover, extension of treatment is beyond guideline recommendation. Therefore, the request for Valium 5mg # 15 1 refill is not medically necessary.