

<b>Case Number:</b>	CM14-0101503		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker (IW) is a 50-year-old female who sustained an industrial injury on 03/21/2003. Diagnoses include cervical and lumbar radiculopathy, lumbar disc degeneration, chronic pain-other and lumbar facet arthropathy. MRIs of the cervical and lumbar spine dated 5/11/13 showed mild left neural foraminal narrowing at C4-C5, mild canal stenosis and severe bilateral neural foraminal narrowing at C5-6; central disc protrusion and annular tear effacing the anterior thecal sac at L3-4 and mild bilateral neural foraminal narrowing and endplate degenerative marrow edema. Treatment to date has included medications and cervical and lumbar epidural steroid injections. According to the Pain Medicine Re-Evaluation dated 5/19/14, the IW reported neck pain radiating down the right upper extremity, accompanied by constant numbness and tingling to the fingers and occasional weakness. She also complained of low back pain radiating down the right lower extremity; right shoulder pain; and right knee pain with numbness and tingling. She rated her pain 8-9/10 with medications and 9-10/10 without them. On examination, tenderness and spasms were present in the cervical and lumbar spine, as well as trigger points in the trapezius and rhomboids bilaterally. In the C4 to C6 dermatomes, sensation was decreased, which was moderately worse since the previous exam. She reported the cervical and lumbar epidural steroid injections were beneficial. The notes reflected positive results with opioid use, with pain relief lasting 6 hours per dose after 15 minute onset and allowing her to accomplish household tasks or shop. A request was made for Valium 10mg, #60 and Tizanidine 40 mg, #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation 2010 Official Disability Guidelines, 15th Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24.

**Decision rationale:** The claimant sustained a work-related injury in March 2003 and continues to be treated for radiating neck and low back pain and right knee and shoulder pain. Muscle relaxants and Valium have been prescribed since at least November 2013. When seen, there was worsening pain rated at 8-10/10. There was decreased and painful cervical and lumbar spine range of motion. There was right hip tenderness. Straight leg raising was positive. There were cervical trigger points and lumbar muscle spasms. Upper extremity and lower extremity sensation was decreased. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition and therefore the continued prescribing of Valium was not medically necessary.

**Tizanidine 4mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66.

**Decision rationale:** The claimant sustained a work-related injury in March 2003 and continues to be treated for radiating neck and low back pain and right knee and shoulder pain. Muscle relaxants and Valium have been prescribed since at least November 2013. When seen, there was worsening pain rated at 8-10/10. There was decreased and painful cervical and lumbar spine range of motion. There was right hip tenderness. Straight leg raising was positive. There were cervical trigger points and lumbar muscle spasms. Upper extremity and lower extremity sensation was decreased. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron syndrome. It is therefore not medically necessary.