

Case Number:	CM15-0124977		
Date Assigned:	07/09/2015	Date of Injury:	12/07/2005
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: Family Practice

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 54 year old male, who sustained an industrial injury on 12/7/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having convulsive seizure and depressive type psychosis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/22/2015, the injured worker reports stable pain and request medication refills. Physical examination showed cervical and lumbar pain and tenderness with spasm and limited range of motion. The treating physician is requesting Diazepam 5 mg #30 with 3 refills and Zanaflex 4 mg, #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the 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 use to 4 weeks. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Per the MUTS guidelines, "Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. " The ongoing use of this medication is not supported as the medical records indicate that benzodiazepines have been prescribed for an extended period of time. The request for Diazepam 5mg #30 with 3 refills is not medically necessary and appropriate.

Zanaflex 4mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The medical records do not establish prior prescriptions of muscle relaxants and the injured worker is noted to have evidence of muscle spasm on examination. While this medication is supported, the request for a refill is not supported as the guidelines recommend the short term use of muscle relaxants. Utilization Review has allowed for modification of this medication with no refills. This should be sufficient to address the current examination findings of muscle spasm. The request for Zanaflex 4mg #60 with 1 refill is not medically necessary and appropriate.