

<b>Case Number:</b>	CM15-0039600		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	10/11/2001
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 49-year-old male who sustained an industrial injury on October 11, 2001. He has reported bilateral leg pain and lower back pain and has been diagnosed with disc disorder lumbar, spinal stenosis lumbar, chronic pain syndrome, and lumbago. Treatment has included surgery, medications, and physical therapy. Currently the injured worker complains of bilateral leg pain, mid and lower back pain, and pain at the right and left buttock. He described it as sharp, burning, and shooting and reports pain level as a 6-7/10. The treatment plan included medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #75:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic) Chapter, Benzodiazepines.

**Decision rationale:** 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." The treating provider does not discuss the rationale for this prescription other than to state that it is to be used for 30 days. The patient is post-op from November 2014 and a short-term use of these medications may be reasonable if anxiety or significant muscle spasms are documented. However, MTUS does support up to 4 weeks of these medications for special circumstances and the patient is post-op. The request is medically necessary.

**Lab Test: Liver and Kidney Function and Testosterone:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Clinical Guideline Centre: Chronic kidney disease; Medical Services Commission: Abnormal liver chemistry.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Periodic Lab Monitoring, Antispasticity/Antispasmodic Drugs, Muscle relaxants Page(s): 70, 63-66.

**Decision rationale:** The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under antispasticity/antispasmodic drugs for Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1, 3, and 6 months out. Per 01/28/15 report, the treating provider is requesting Lab test "to assess the patient's testosterone level, TSH level and to ensure his organ functions are okay." The patient has been prescribed Tizanidine at least since 10/09/14, based on the provided documents, and MTUS pg 66 states, "When using tizanidine, the guidelines recommend checking liver function at baseline, 1,3, and 6 months out." In this case, the patient has used Tizanidine for at least 3 month and therefore, the request for the liver, kidney and testosterone lab test IS medically necessary.

