

Case Number:	CM15-0073570		
Date Assigned:	04/23/2015	Date of Injury:	01/13/2013
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: Arizona, 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 57-year-old female, who sustained an industrial injury on January 13, 2013. She has reported neck pain and back pain. Diagnoses have included lumbar facet arthropathy, thoracic facet arthropathy, lumbosacral radiculitis, thoracic outlet syndrome, and chronic pain syndrome. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, imaging studies, and diagnostic testing. The injured worker also received an epidural steroid injection that caused an exacerbation of pain. A progress note dated March 25, 2015 indicates a chief complaint of neck pain and lower back pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg, twenty count with two refills: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes sedation, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the claimant had been on Diazepam for over a year for myofascial pain and anxiety. Long-term use is not indicated. Other medications such as Tricyclics and SSRIs are more appropriate for long-term use. Continued use of Diazepam is not medically necessary.

Tizanidine 4 mg, thirty count with five refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tizanidine Page(s): 68.

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants including Flexeril in the past year. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.