

Case Number:	CM15-0074839		
Date Assigned:	05/20/2015	Date of Injury:	12/01/2008
Decision Date:	06/16/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency Medicine

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 61-year-old male who sustained a work related injury December 2, 2008. Past history included diabetes, hypertension, right shoulder replacement 2003, T11-L3 laminectomy and decompression of epidural abscess July 2008, open reduction and spinal instrumentation and fusion T10-L3 January 2009, revision thoracolumbar instrumented fusion T8-L3 including pedicle screw fixation and allograft posterolateral fusion March 2009. According to a secondary physician's pain management follow-up report, dated March 16, 2015, the injured worker presented symptomatic and still using a wheelchair most of the time. Impression is documented as history of a fall injury; intractable thoracolumbar pain; lumbar radiculopathy; history of thoracolumbar fusion; anxiety and insomnia. At issue, a request for authorization for Klonopin and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Klonopin 0.5mg #15: 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): 24.

Decision rationale: Klonopin is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Klonopin is being used for pain or anxiety. Chronic use of benzodiazepine is not recommended. Pt is also on high dose opioids which in combination with klonopin increases risk of overdose. Klonopin is not recommended. Therefore, this request is not medically necessary.

1 prescription of Zanaflex 4mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short-term use and for flare-ups only. There is documentation of muscle spasms. However, there is no documentation on record of any improvement on this medication. Chronic use is not recommended. The prescription is inappropriate and would give the patient months of this medication with potential side effects with no monitoring. Tizanidine is not medically necessary.