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**Notice of Independent Medical Review Determination**

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/12/2013  
Date of Injury: 3/1/2000  
IMR Application Received: 7/22/2013  
MAXIMUS Case Number: CM13-0002556

- 1) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex 4 mg four times a day #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Klonopin 1 mg three at bedtime for #90 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex 4 mg four times a day #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Klonopin 1 mg three at bedtime for #90 **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 12, 2013:

"Review of the medical documentation identifies that the claimant sustained a remote industrial injury on 03/01/2000. The claimant has been under the care of treating physician for bilateral inguinal hernia, mononeuritis leg, and chronic pain syndrome.

The most recent evaluation dated June 11, 2013 is provided for review. The claimant presented with complaints of chronic pain with bilateral inguinal neuralgia. It is noted the claimant has chronic dependency on narcotic medications, which have been helpful in controlling his overall symptoms and keeping him functioning as demonstrated by his ability to continue working as Security Personnel. Pain is rated overall about 3-4/10 with medications. The physical examination revealed tenderness to palpation over the bilateral inguinal region. There is tenderness with increasing pain with flexion of the bilateral hip. There is full range of motion of the lumbar spine. A random urine drug screen was performed and medications were filled."

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/13)
- Utilization Review Determination Review [REDACTED] (dated 7/12/13)
- Employee Medical Records from [REDACTED]
- Employee Medical Records from Employee Representative

- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Zanaflex 4 mg four times a day #120:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) pg. 63-66, Muscle Relaxants, which is part of the Medical Treatment Utilization Schedule, (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/1/2000. The medical records provided for review indicate treatments have included medication management. The request is for Zanaflex 4mg four times a day #120.

MTUS guidelines recommend muscle relaxants for short-term treatment of acute exacerbations of chronic low back pain. However, the MTUS guidelines specifically for Zanaflex notes the necessity to monitor liver function at baseline, 1, 3 and 6 months out, suggesting use for 6 months or longer may be acceptable. MTUS does state there is unlabeled use for low back pain and also that it has shown some benefit with chronic myofascial pain syndrome and fibromyalgia. In this case the treating physician states the medications are still helping manage the pain in the 3-4/10 range. The request for Zanaflex 4mg four times a day #120 **is medically necessary and appropriate.**

**2) Regarding the request for Klonopin 1 mg three at bedtime for #90:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 24, Benzodiazepines, which is part of the Medical Treatment Utilization Schedule, (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/1/2000. The medical records provided for review indicate treatments have included medication management. The request is for Klonopin 1mg, three at bedtime #90.

MTUS does not recommend long-term use of benzodiazepines and recommends limiting, in most cases to 4 weeks. The records show the employee has been using Klonopin, a benzodiazepine for over 1 year, since at least 4/13/12. The request for Klonopin 1mg, three at bedtime #90 **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.