

<b>Case Number:</b>	CM13-0021018		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old male who reported an injury on 4/25/08. The mechanism of injury was not submitted. The patient was diagnosed with lumbar disc bulge and protrusion at L3-4, L4-5, and L5-S1 with neural foraminal narrowing, status post right medial meniscectomy, right medial meniscus tear, lumbar facet arthrosis at L4-5 and L5-S1, status post right knee arthroscopy with repair of lateral ankle ligament, depression, and chronic myofascial pain syndrome. The patient reported he continued to have significant relief of pain, but gets intermittent muscle spasms in the low back during cold/rainy weather. The patient reported constant low back pain with intermittent flare-up shooting down the right leg with tingling, numbness, and paresthesia. The patient reported his pain score was 6-7/10. The patient stated that bending, lifting heavy objects, and prolonged standing made the pain worse. Objective findings included increased lumbar lordosis. Range of motion of the lumbar spine was terminally restricted. Paravertebral muscle spasms and localized tenderness were present in the lumbar spine area. Hyperextension maneuver was positive over the lumbar spine. The patient had a positive bilateral sitting straight leg raise test. The patient has been treated with epidural steroid injections and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, 30/300mg twice a day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The California MTUS states that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The patient continued to complain of intermittent pain to the low back; however, the clinical documentation submitted for review does not indicate an increase in the patient's function level. Also, the documentation does not state if the patient was having any side effects. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Trazodone 100mg at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS/ACOEM does not address the request, so alternate guidelines were used. The Official Disability Guidelines state that Trazodone is recommended as an option for insomnia, but only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. The patient complained of pain to the low back; however, the documentation does not indicate the patient was having any difficulties with insomnia. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Zanaflex 4mg twice a day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

**Decision rationale:** The California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment for acute exacerbations in patients with chronic low back pain. Zanaflex is FDA approved for the management of spasticity, and has an unlabeled use for low back pain. The patient did report intermittent muscle spasms; however, the documentation does not indicate how long the patient has been using Zanaflex. Given the lack of documentation to support guideline criteria, the request is non-certified.