

Case Number:	CM13-0043502		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2010
Decision Date:	02/20/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and 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 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:

69y/o male injured worker with date of injury 1/27/10 has related low back and neck pain. MRI of the cervical spine in 7/2011 revealed a left paramedian/left posterolateral subligamentous contained C5-C6 herniation resulting in spinal cord effacement. There was a broad posterior bulge at C6-C7. There was also broad posterior bulging at C4-C5 disks and evidence of bilateral C4-C5, C5-C6 and C6-C7 neural foraminal stenosis and to a lesser degree at C3-C4. There was spinal canal stenosis noted at C4-C5 and C5-C6 and to a lesser degree at C6-C7. There was also posterior midline bulging noted at T1-T2 and T2-T3. On MRI of the lumbar spine dated 4/15/11, there was minimal scoliosis but multilevel degenerative disk changes with type 3 changes of the T12-L1 as well as type 1 changes of the L4-L5 level. At T12-L1, there is a left central 4 mm disk bulge/herniation minimally impinging on the thecal sac. At L4-L5, there is a right foraminal disk herniation and at L5-S1, a 6 mm right central herniation with S1 nerve root impingement. There is evidence of degenerative facet joint changes at the L4-L5 level and minimally at the L5-S1 level. He has undergone lumbar epidural steroid injections and a cervical epidural steroid injection; and he has undergone PT. Secondary to chronic pain he has frequent insomnia and does report depression. The date of UR decision was 9/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine-Zanaflex 4 mg; take 1 twice a day, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ant spasticity/antispasmodic drugs, page(s) 63, 66 Page(s): 63, 66.

Decision rationale: Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia." According to MTUS "Muscle relaxants (for pain) Recommended non-sedating muscle relaxants with caution as second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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." Per 11/4/13 Utilization Review Treatment Appeal note, the injured worker used this medication to decrease the muscle spasms in his neck and back. "He did not use it every day and used it only as needed during flare ups. This medication helped improve his activities of daily living and allowed him to work part time for a security company, which allowed him to sit and stand as dictated by pain." In light of new documentation that is available to me and was not available to the UR physician, I respectfully disagree with the UR physician. The use of this medication increased functional ability enough to allow the injured worker to maintain part time work. The retrospective request is medically necessary.

Trazodone 50mg; take 1-2 at night, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Insomnia treatment

Decision rationale: With regard to insomnia treatment, the ODG guidelines state "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007) Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop

and rebound insomnia has been found after discontinuation." Per 11/4/13 Utilization Review Treatment Appeal note, the injured worker has had an initial evaluation at the Northern California Functional Restoration Program 5/22/13 and has been noted to meet the criteria for anxiety disorder, NOS; as well as major depressive disorder. In light of new evidence, I respectfully disagree with the UR physician. As the injured worker suffers from frequent insomnia and depression secondary to chronic pain related to the industrial accident, the medication is appropriate. The request is medically necessary.