

<b>Case Number:</b>	CM13-0046592		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Diseases and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 02/14/2002. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses are noted to include chronic discogenic back pain with left sciatica; postoperative status lumbar fusion with anterior/posterior retained hardware; status post partial hardware removal in the low back; trochanter bursitis of the right hip; postoperative status arthroscopic debridement and anterior cruciate ligament repair in the right knee; and degenerative arthritis in the right knee with progressive varus deformity. His most recent office note dated 10/04/2013 indicates that his symptoms include low back pain with radiation to the right and left leg, as well as hip pain. He was also noted to complain of knee pain. His objective findings were noted to include normal motor strength to the bilateral lower extremities, tenderness across the lumbosacral area of the spine with radiation into the right buttock and knee; and normal deep tendon reflexes. His medications are listed as methadone 10 mg every 8 hours, Ambien 10 mg at bedtime, Norco 10/325 mg every 4 hours, omeprazole 20 mg daily, Inderal 20 mg 1 half tab twice a day, Nuvigil 250 mg daily, Zanaflex 4 mg 2 tabs twice a day, Naprosyn 500 mg twice a day, Neurontin 600 mg 2 tabs 3 times a day, and Effexor 75 mg 3 tabs once a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inderal 20mg#30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National High Blood Pressure Education Program ( [www.nhlbi.nih.gov/guidlines/hypertension/jnc7full.pdf](http://www.nhlbi.nih.gov/guidlines/hypertension/jnc7full.pdf))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hoge, E. A., Worthington, J. J., Nagurney, J. T., Chang, Y., Kay, E. B., Feterowski, C. M., ... & Pitman, R. K. (2012). Effect of Acute Post-trauma Propranolol on PTSD Outcome and Physiological Responses Durin

**Decision rationale:** According to a Hoge 2012 article, a study provided some limited support for use of propranolol in the treatment of post-traumatic stress disorder. The patient's recent office note failed to address any psychological issues or history of post-traumatic stress disorder. Additionally, specific details regarding the patient's prescription for Inderal, any side effects, and his outcome with this medication were not noted. Additionally, it was stated that the patient denied any psychiatric or emotional difficulties. Therefore, the indication for use of Inderal is not clear in the medical records. As such, the request for Inderal 20mg#30 is not medically necessary and appropriate.

**Zanaflex 4mg#120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain and Chronic Pain Medical Treatment, Muscle relaxant..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 66.

**Decision rationale:** According to the California MTUS Guidelines, Zanaflex is FDA approved for the management of spasticity and use off-label for low back pain. The guidelines further state that 8 studies demonstrated efficacy for low back pain, with 1 demonstrating a significant decrease in pain associated with chronic myofascial pain syndrome and its authors recommended the use of Zanaflex as a first line option to treat myofascial pain. The patient was noted to have chronic low back pain as well as myofascial pain. He was not noted to complain of any side effects related to Zanaflex use. Therefore, the use of Zanaflex 4 mg is supported by guidelines. As such, the request for Zanaflex 4mg#120 is medically necessary and appropriate.