

Case Number:	CM14-0100951		
Date Assigned:	07/30/2014	Date of Injury:	12/31/2010
Decision Date:	10/02/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Occupational 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, thigh, and low back pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of December 31, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of massage therapy, physical therapy, and acupuncture; and a TENS unit. In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for Elavil, Zanaflex, and BuSpar. A variety of MTUS and non-MTUS Guidelines were invoked. The applicant's attorney subsequently appealed. In a progress noted dated June 4, 2014, the applicant reported moderately severe neck pain, shoulder pain, migraine headaches, low back pain, insomnia, depression, hip pain, and anxiety. The applicant was having difficulty sleeping, she stated. The applicant then reported, somewhat incongruously, that the medications were working well in another section of the report. The applicant's medication list, at this point, included Elavil, Zanaflex, BuSpar, Advil, Wellbutrin, Excedrin, tramadol, and Tylenol. The applicant was described as a bookkeeper at her father's restaurant, implying that the applicant was working. Acupuncture, cognitive behavioral therapy, physical therapy, and mediation therapy were endorsed. Work restrictions were also furnished. The applicant was given refills of BuSpar, Elavil, and Zanaflex. On May 1, 2014, the applicant again reported multifocal pain complaints, headaches, migraines, depression, insomnia, and emotional distress. The applicant stated that she was no longer able to dance or hike as vigorously as in the past. The applicant then stated, somewhat incongruously, in another section of the report, that the medications were working well. The applicant was again given work restrictions. On this occasion, it was suggested that the applicant was not progressing and that a functional restoration program could be considered. It was stated that the applicant was still

having issues with sleep disturbance, depression, and anxiety. It was suggested that the applicant should be considered totally temporarily disabled as her employer was unable to accommodate her limitations. In an earlier note dated March 3, 2014, it was stated that the applicant had quit her former job as a chef. Persistent multifocal pain complaints were noted. The applicant remained depressed, had difficulty kneeling, bending, squatting, activity, concentration, depression, anxiety, and lifting, it was reported. Yoga, physical therapy, cognitive behavioral therapy, Botox injections, and medication therapy were sought. The applicant was asked to employ Zanaflex and Elavil. It was stated that the Elavil was being employed for sleep and for pain control purposes. The applicant was permanent and stationary, it was suggested and was not working, it was reported on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: 1. No, the request for Elavil (amitriptyline) is not medically necessary, medically appropriate, or indicated here. In this case, the information on file suggested that Elavil (amitriptyline) is being employed for pain purposes and sleep as opposed to for depression. While page 13 in the MTUS Chronic Pain Medical Treatment Guidelines does "recommend" usage of amitriptyline or Elavil for chronic pain purposes, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant continues to report heightened levels of pain, difficulty performing activities of daily living, difficulty concentrating, difficulty kneeling, difficulty bending, difficulty squatting, difficulty sleeping, difficulty hiking, etc., despite ongoing medication usage, including ongoing Elavil usage. Elavil has failed to curtail the applicant's dependence on other analgesic and psychotropic agents. The applicant does not appear to have returned to work, although it is acknowledged that the attending provider's documentation is admittedly incongruous on this critical point. All the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Elavil. Therefore, the request is not medically necessary.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66.

Decision rationale: 2. The request for Zanaflex is likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. The applicant has heightened pain complaints, as opposed to reduced pain complaints, from visit to visit. The applicant is having difficulty performing even basic activities of daily living, such as lifting, carrying, concentrating, hiking, dancing, etc., although it is acknowledged that some portions of these lingering deficit is the function of the applicant's mental health issue as opposed to her medical issues. Nevertheless, all the evidence on file points to the applicant's failing to achieve any meaningful benefit or functional improvement as defined in MTUS 9792.20f despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.

Buspar 10mg, refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: 3. Finally, the request for BuSpar, an anxiolytic, is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytic medication such as BuSpar are indicated for "brief periods," in case of overwhelming symptoms, in this case, however, it appears that the attending provider is intent on employing BuSpar for chronic, long-term, and scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for BuSpar. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also factors into account of the applicant-specific variable, such as "other medications" into his choice of recommendations. In this case, however, the attending provider has not outlined any rationale for selection and/or ongoing usage of two separate medications for sedative effect, namely Elavil and BuSpar. It is further noted that this particular combination of medications does not appear to be altogether efficacious as the applicant continues to report ongoing issues with insomnia and sleeping only two to three hours at night despite ongoing usage of the same. Therefore, the request is not medically necessary.