MAXIMUS Federal Services

Case Number:	CM14-0018113		
Date Assigned:	04/16/2014	Date of Injury:	06/21/2012
Decision Date:	06/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 48 year old male with a date of injury on 6/21/2012. Diagnoses include cervicalgia, open wound left hand, lumbosacral neuritis, myofascial pain, shoulder pain and low back pain. The patient has been treated for ongoing symptoms to the left hand and neck. Subjective complaints are of left and right neck pain, that is worsened by prolonged sitting at job. Physical exam shows tenderness to the cervical paraspinal muscles, trapezius, and myofascial trigger points and radiation to upper extremities. Prior treatments have included medication and chiropractic care. Medications include Zolpidem, Cialis, Topamax, Lexapro, Hydrocodone/APAP, and Tizanidine. The submitted records show no documenation of urological disorders or erectile dysfunction from injury or from medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDIN 4MG, #480: Upheld

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

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

Decision rationale: California MTUS recognizes tizanidine as approved for management of spasticity, and unlabeled use for low back pain (LBP). The ODG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic pain. This patient does not have spasticity on exam, and pain relief and functional improvement is not documented. The patient has also been using this medication chronically which is longer that the recommeded short term treatment for acute exacerbations. Therefore, the medical necessity of Tizanidine is not established.

LEXAPRO 20MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107-108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants, Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antidepressants.

Decision rationale: Lexapro is a selective serotonin reuptake inhibitor (SSRI) antidepressant. California MTUS suggests that SSRIs may have a role in addressing psychological symptoms associated with chronic pain. SSRIs specifically do not have a defined indication for chronic pain; as do other antidepressants (tricyclics or SNRIs). The California MTUS and ODG identify approval of SSRI for treatment of anxiety and depression. The submitted documentation does not acknowledge a history of anxiety or depression, and does not list any psychiatric diagnoses. Therefore, without a substantiated history of depression or anxiety, the medical necessity of Lexapro is not established.

CIALIS 20MG, #40: 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 FDA and Drugs Website.

Decision rationale: California MTUS and the ODG are silent on the use of Cialis. FDA information on cialis identifies its use for erectile dysfuncion or symptoms of benign prostatic hypertrophy. The submitted documentation does indicate the intended usage of Cialis or indentify any signs or symptoms of erectile dysfunction or urological problems. Therefore, the medical necessity of Cialis is not established.

TOPAMAX 100MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 21.

Decision rationale: California MTUS recommend that Topamax be considered for use for neuropathic pain when other anticonvulsants fail. There is no documenation that the patient has had a trial of other anticonvulsants without success. Therefore, the medical necessity of Topamax is not established.

ZOLPIDEM 12.5MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, INSOMNIA TREATMENT.

Decision rationale: ODG suggests that Zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. This patient has been using Zolpidem chronically. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.