

Case Number:	CM14-0113511		
Date Assigned:	08/01/2014	Date of Injury:	04/04/2001
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 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:

This is a female patient who reported an industrial injury on 4/4/2001, over 13 years ago, attributed to the performance of her usual and customary job tasks. The patient is being prescribed medications for chronic pain. The medications include Buprenorphine; Subutex; tizanidine; Lidoderm patches; trazadone; Flector patches. The patient is noted to be status post lumbar spine laminectomy. The patient complained of bilateral neck pain that radiated into both shoulders and arms associated with numbness and tingling in the left upper extremity. The treatment plan included trazodone 50 mg #60 refill x5 and tizanidine 4 mg #60 with refill x 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg, 60 tablets, with 5 refills between 7/9/14 and 8/23/14.: 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 (ODG) pain chapter- medications for chronic pain; antidepressants for chronic pain

Decision rationale: The prescription of the antidepressant Trazodone 50 mg #60 refill x5 for the treatment of chronic pain is consistent with the recommendations of the CA MTUS, the ACOEM

Guidelines, and the Official Disability Guidelines although the same class of medication in a generic may prove to be just as effective. The Official Disability Guidelines recommend the use of Trazodone as a first line treatment for chronic pain with sleep issues/insomnia. The patient is documented to be treated for chronic neck and back pain for which there is no demonstrated medical necessity for the prescribed trazodone for sleep. There is no demonstrated failure of the multiple available over-the-counter sleep aids to treat insomnia. There is no demonstrated trial with TCAs. There is no mental status examination or demonstrated objective findings of depression documented by the requesting provider. There is no documented insomnia or trial of OTC medications to remedy issues. The trazodone is prescribed routinely without demonstrated medical necessity. There is no demonstrated medical necessity for the continuation of the Trazodone as a sleeping agent or antidepressant s/p surgical intervention for a laminectomy. There is no documented persistent depression or insomnia for which OTC medications would not be appropriate or effective. Therefore, the request for Trazodone 50mg, 60 tablets, with 5 refills between 7/9/14 and 8/23/14. is not medically necessary and appropriate.

Tizanidine 5mg, 60 tablets, with 5 refills between 7/9/14 and 8/23/14.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic pain chapter 2008 page 128; muscle relaxant; Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are no muscle spasms documented by the requesting provider while treating chronic thoracic spine sprain/strain. The patient is prescribed Tizanidine 4 mg #60 refill x5 on a routine basis for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS, or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. There is no documented functional improvement with the prescription of Zanaflex/Tizanidine. The patient is prescribed Zanaflex for muscle spasms to the lower back. The CA MTUS does recommend Tizanidine for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic back pain. Therefore, the request for Tizanidine 5mg, 60 tablets, with 5 refills between 7/9/14 and 8/23/14. is not medically necessary and appropriate.

