

Case Number:	CM14-0128230		
Date Assigned:	08/15/2014	Date of Injury:	10/23/2000
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 Practice 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 50 year old male claimant sustained a work injury on 10/23/2000 involving the low back. He was diagnosed with a T6-T8 compression fracture and lumbar radiculitis. He underwent a laminectomy and developed post-laminectomy syndrome. He was also diagnosed with major depression, cervical spondylosis, bilateral carpal tunnel syndrome, panic disorder and sleep apnea. A progress note on 7/21/14 indicated the claimant had difficulty sleeping. He had been using Edular and Trazadone for sleep. Physical findings were notable for rigid muscle movement. He was continued on Suboxone sublingual, Valium, Soma, Tizanidine, Edular, and Trazadone. A request was also made for physical therapy and a psychiatrist evaluation. He had been on the above medications for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Antispasticity/Antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: According to the MTUS Chronic Pain Guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Tizanidine is a muscle relaxant. 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. The claimant had been on long-term use of Tizanidine. It had been used with other analgesics. The continued and prolonged use of Tizanidine is not medically necessary.

Edluar 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Edluar - Edular (zolpiem tartrate).

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Tizanidine is a muscle relaxant. 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. The claimant had been on long-term use of Tizanidine. It had been used with other analgesics. The continued and prolonged use of Tizanidine is not medically necessary.

Trazodone 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-18.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS Chronic Pain Guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. In this case the claimant had been taking Trazodone predominately as a sleep aid. In addition, he was on several analgesics. Trazodone had been used with other muscle relaxants and benzodiazepines. It has not been proven beneficial for lumbar root pain. Continued and prolonged use of Trazodone is not medically necessary. As such, the request is not medically necessary and appropriate.