

Case Number:	CM14-0065879		
Date Assigned:	07/11/2014	Date of Injury:	12/24/2003
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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:

This case involves a 45 year old male who sustained an injury on 12/24/2003 to his low back. Based on the records he was reportedly almost disabled and is depressed. His current medications are Effexor 300 mg daily, Trazodone 100 mg, Zanaflex, Paxil 60 mg, and Ability 2 mg. The medications are being requested because the regimen has been successful. The treating doctor's report dated 03/31/2014 indicated that the request for Effexor 300 mg is for in the morning and the Paxil 60 mg is for at night. Based on the report, this treatment plan has been successful and the doctor decided not to change the dosing. A report dated 03/17/2014, states that the injured worker is being denied almost all of his medications. The injured worker is walking with a cane and the combination of medications work. Per the utilization review, the request for Zanaflex and Paxil 60 mg QHS were denied or modified. On the original review dated 04/27/2014, Effexor, Trazodone and Abilify were certified and the Paxil was certified for a one month supply for tapering. Regarding the Zanaflex, the original reviewer noted that the medication was not recommended for long term use as it is not a psychotropic medicine. It is unclear what the patient is being treated for with the medication. The utilization review determined that the Paxil was duplicative to other antidepressants. The services denied or modified were Zanaflex and Paxil 60 mg QHS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodics Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 64 of 127.

Decision rationale: Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or for acute exacerbation and there is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported by the MTUS guidelines. It is unclear if the medication is being used as a second line as there is no documentation of what first line medicines had been tried and failed. Furthermore, the MTUS notes that in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (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 request was appropriately deemed not medically necessary.

Paxil 60 mg. at hour of sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 14 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, Interactions, 2014 Epocrates version.

Decision rationale: Per the records provided, the use in this case is as an antidepressant combined with Effexor. The MTUS guideline does not speak to anti-depressant usage of Paxil. However, the MTUS does note that they can be used for chronic pain, as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). An assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. I did not observe this assessment in the records. Furthermore, long-term effectiveness of anti-depressants has not been established. In their use as a combined anti-depressant, the comparative interactions in the Physician Desk Reference warn against using these medicines together. Venlafaxine and paroxetine increase the risk of syndrome of inappropriate anti diuretic hormone, hyponatremia, serotonin syndrome, and neuroleptic malignant syndrome due to additive effects. These risks were not addressed in the records. As such, this request is not medically necessary.

