

Case Number:	CM14-0122251		
Date Assigned:	08/06/2014	Date of Injury:	09/14/2010
Decision Date:	01/05/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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:

Injured worker is a 51 year old female with date of injury 9/14/10. Mechanism was fall from stairs sustaining head and neck injuries. The claimant has received treatment for psychalgia, psychogenic headache, degeneration of cervical intervertebral disc, carpal tunnel syndrome, anxiety state, medial collateral ligament disruption, and depressive disorder. Diagnosis of psychogenic pain. Zanaflex 4 mg, and Trazadone 50 mg each with 2 refills is requested for review. Per MD office visit dated 4/17/2014 medications prescribed were Mobic 7.5 mg, Norco 10/325, Paxil 20 mg, trazadone 50 mg, and Zanaflex. Psychotherapy visits x 6 completed in 2011. Prior review decision stated medication not medically necessary but due to the nature of these drugs, weaning is recommended. The records submitted do not support weaning is in progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Tizanidine <http://www.drugs.com/tizanidine.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online, Tizanidine/Zanaflex

Decision rationale: Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spasms on exam and patient has been taking medication for longer than 3 weeks and it is not recommended for long term use.

Trazadone 50mg #30 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: This medication is a sedating antidepressant. It is mostly used for its sedating effect. It is not reasonable as there is no documentation that patient suffers from insomnia and no documentation of efficacy of medication with past use.