MAXIMUS Federal Services

Case Number:	CM14-0127419		
Date Assigned:	08/15/2014	Date of Injury:	08/01/1993
Decision Date:	02/05/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine, 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:

The patient is a 54 year old male with an injury date of 08/01/93. Based on the 05/07/14 progress report, the patient complains of tenderness to palpation along the posterior cervical musculature bilaterally with decreased range of motion. He has significant muscle rigidity along the cervical musculature, upper trapezius, and medial scapular regions. The 06/04/14 report states that the patient complains of increased pain in his lower back, which radiates down to both lower extremities, left greater than right. The patient rates his pain as an 8/10. He has multilevel disc disease in his lumbar spine as well as electrodiagnostic findings consistent with bilateral L5 radiculopathy. Examination of the bilateral upper extremities reveals decreased sensation along the lateral arm and forearm bilaterally. There is profound loss of sensation in the ulnar nerve distribution from the wrist proximal and distal. Based on the 06/11/14 progress report, patient complains of swelling in the left ankle, and continued numbness in the big toe area.The patient's diagnoses includes the following:Cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy.Thoracic spine sprain/strain syndrome with spondylolisthesis at T9-10Lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy.Bilateral peroneal neuropathy.Bilateral knee internal derangement, right greater than left.Left ankle traumatic arthritis.Reactionary depression/anxiety.Medication induced gastritis.Non-insulin dependent diabetes mellitus, industrially related.Bilateral ulnar nerve entrapment.Medication induced gastritis.The utilization review determination being challenged is dated 07/17/14. Treatment reports were provided from 01/16/14-06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (Tizanidine). Page(s): 66.

Decision rationale: The patient presents with increased pain in his lower back which radiates down to both lower extremities, swelling in the left ankle, and continued numbness in the big toe area. The request is for Zanaflex 4 mg #60. The patient has been taking Zanaflex as early as 02/13/14. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS, page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain.The 02/13/14, 03/12/14, and 04/09/14 reports states that the patient rates his pain as a 4/10. The 05/07/14 report indicates that the patient rates his pain as a 6/10. It does not appear as though Zanaflex provides any significant benefit and the pain increases from a 4/10 to a 6/10. The treater does not specifically discuss efficacy of Zanaflex on any of the reports provided. There is no discussion as to how this medication has been helpful with pain and function. Page 60 of MTUS states that when medications are used for chronic pain, recording of pain and function needs to be provided. The requested Zanaflex is not medically necessary.

Trazodone 150mg #30: 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 AND STRESS, INSOMNIA TREATMENT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia

Decision rationale: The patient presents with increased pain in his lower back which radiates down to both lower extremities, swelling in the left ankle, and continued numbness in the big toe area. The request is for Trazodone 150 mg #30. The patient has been taking Trazodone as early as 02/13/14.Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain.ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants (e.g., Amitriptyline, Trazodone, and Mirtazapine) have also been used to treat insomnia; however,

there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." In this case, the patient has been diagnosed with depression/anxiety and has been taking Trazodone since 02/13/14. MTUS page 60 requires documentation of pain and function when medications are used for chronic use. There is no discussion provided regarding how Trazodone has impacted the patient's pain and function. There is no documentation that the patient's depression/anxiety is improved with use of this medication. Given a lack of adequate discussion regarding the use and efficacy of Trazodone, the request is not medically necessary.

Lexapro 10mg #30: 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 AND STRESS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain. Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter and Escitalopram

Decision rationale: The patient presents with increased pain in his lower back which radiates down to both lower extremities, swelling in the left ankle, and continued numbness in the big toe area. The request is for Lexapro 10 mg #30. Lexapro (Escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is "Recommended as a first-line treatment option for MDD and PTSD." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the treating physician only discusses the patient's pain in his lower back, which radiates down to both lower extremities. He is also diagnosed with depression/anxiety. There is no documentation of how Lexapro has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Lexapro is not medically necessary.

Xanax 1 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

Decision rationale: The patient presents with increased pain in his lower back which radiates down to both lower extremities, swelling in the left ankle, and continued numbness in the big toe area. The request is for Xanax 1 mg #60. The patient has been taking Xanax as early as 02/13/14. MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit

use to 4 weeks."In this case, the patient has been taking Xanax since 02/13/14 and it would appear that this medication is prescribed on a long-term basis, over 5 months. The treating physician does not mention that this is for a short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. It is not recommended for long-term use; therefore, the requested Xanax is not medically necessary.