

Case Number:	CM14-0181059		
Date Assigned:	11/21/2014	Date of Injury:	02/03/1992
Decision Date:	01/08/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal 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:

The patient is an injured worker who is status post cervical spine surgery. The patient sustained a work related injury on February 3, 1992. The injured worker was performing heavy work with twisting and lifting. He complained of neck pain radiating down the left arm and the initial diagnosis was a sprained shoulder. The progress report dated May 22, 2008 notes that the injured worker complained of neck pain radiating down to the left arm. The pain was characterized as aching, dull, squeezing and stabbing. He also admitted to numbness and tingling of the left arm. The symptoms were worse with activity and movement. The injured worker underwent a fusion of the cervical spine with no relief of the pain. He then underwent a second surgery, a revision fusion with no improvement. A progress noted dated September 15, 2014 revealed that the injured worker had continued to have chronic neck pain with radiation to both arms, decreased cervical range of motion, slight decrease in muscle strength of the left upper extremity and decreased sensation in the left forearm. A facet loading test of the cervical spine was positive bilaterally. The level of pain had remained unchanged. Treatment also has included diagnostic testing, pain medications, an MRI, neurological testing, epidural steroid injections and physical therapy. The MRI magnetic resonance imaging of the cervical spine showed high grade foraminal narrowing at cervical C4-5 and C7-T1. Current diagnoses include cervical radiculopathy, post cervical laminectomy syndrome and spasm of the muscle. Treatment plan included requests for Zanaflex and Trazodone. The progress reports dated 4/28/14, 5/23/14, 6/13/14, 7/21/14, 8/1/14, and 9/15/14 documented past prescriptions for Zanaflex and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (pages 63-66) status muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity and liver function tests (LFT) should be monitored. Medical records document the long-term use of Zanaflex. The progress reports dated 4/28/14, 5/23/14, 6/13/14, 7/21/14, 8/1/14, and 9/15/14 documented past prescriptions for Zanaflex. MTUS guidelines and ACOEM guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Zanaflex 4mg #30 is not medically necessary.

Trazodone 100mg #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Trazodone (Desyrel); Pain (Chronic), Insomnia Treatment

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that there is limited evidence to support the use of Trazodone for insomnia. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Medical records document long-term use of Trazodone, which is not supported by ODG guidelines. The progress reports dated 4/28/14, 5/23/14, 6/13/14, 7/21/14, 8/1/14, and 9/15/14 documented past prescriptions for Trazodone indicating long-term use. Therefore, the request for Trazodone 100mg #60 is not medically necessary.

