MAXIMUS Federal Services

Case Number:	CM14-0189921		
Date Assigned:	11/21/2014	Date of Injury:	07/24/2005
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/13/2014

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:

The applicant is represented [redacted] maintenance employee who has filed a claim for chronic shoulder pain, myalgias and myositis of various body parts, chronic neck pain and major depressive disorder reportedly associated with an industrial injury of July 24, 2005.In a utilization review report dated November 5, 2005, the claims administrator approved a request for Zoloft, partially approved a request for Percocet, and denied a request for Xanax and Zanaflex outright. The claims administrator decision was based on RFA form received on October 29, 2014. The applicant's attorney subsequently appealed. In an RFA form dated October 28, 2014, Zoloft, Zanaflex and Percocet were sought. In a progress note of the same date October 20, 2014, the applicant reported ongoing, chronic neck, shoulder pain, and arm pain complaints. The applicant had recently completed functional restoration program. It was acknowledged that the applicant was using Senna, Percocet, BuSpar, tizanidine, Xanax, and Atarax, it was noted. The applicant was asked to continue BuSpar, employ a lower dose of Xanax, and stop Valium. Zoloft, Zanaflex and Percocet, were all renewed. Permanent work restrictions were likewise renewed. The stated diagnoses were those of adhesive capsulitis, bicipital tendonitis, depressive disorder, degenerative disk disease of the cervical spine, and unspecified myalgias and myositis. The requesting provider stated that the applicant was using a maximum of six tablets of Percocet a day and was using Zanaflex once nightly.It did not appear the applicant was working with permanent work restrictions in place. There was no formal discussion of medication selection or medication efficacy incorporated into the progress note. In a psychiatric medical-legal evaluation of April 6, 2014, the applicant was described as having opened a women's clothing store. The applicant's mother and sister were helping her. The applicant was working three to four hour a days, it was stated. The applicant had issues with debt, which had arisen as a result of absence of employment. It was stated that the applicant and

her sister were paying the rent on the business together. The applicant had intermittent panic attacks, it was stated, sometimes associated with flares of pain. The applicant was divorced, it was further noted. The applicant is experiencing daily symptoms of heartburn. The applicant was using Zestril, Prilosec, tizanidine, Atarax, BuSpar, and Valium, it was stated. The applicant remained somewhat depressed, it was acknowledged. The applicant was given a primary diagnosis of Major Depressive Disorder (MDD) with associated Global Assessment Functioning (GAF) of 61. It was suggested that the applicant had mild-to-moderate depression, somewhat ameliorated as a result of psychotropic medications. It was stated that the applicant was not suicidal and had not psychosis at the bottom of the report. It was stated, somewhat incongruously, that the applicant had no panic symptoms at the bottom of the report, while other section of the report stated that the applicant did experience intermittent panic symptoms. Overall, the medical-legal evaluator stated that the applicant had, to her credit, tried to improve her performance of work-related activities by getting involved in management of the clothing store. The applicant reportedly had slight residual mental health deficiencies, it was stated.In an earlier progress note dated May 20, 2014, the applicant reported persistent complaints of neck, shoulder, and arm pain. The applicant reported intermittent anxiety symptoms. The applicant stated that she found Valium to be less effective and stated that she wanted to employ Ativan to replace Valium. It was stated that the applicant was relatively stable with her medications. Percocet and tizanidine were renewed. The applicant did report heightened pain with exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation ODG-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines izanidine and Zanaflex; Muscle Relaxants Page(s): 66; 63.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in management of spasticity but can be employed off label for low back pain, in this case, however, the applicant did not have issues with low back pain, seemingly present here. Rather, the applicant's primary pain generators appear to be the cervical spine and right shoulder. It is further noted that page 63 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that muscle relaxants, as a class, be employed with caution as second line option for the short term treatment of acute exacerbations of chronic low back pain. The 30 tablet, 2-refill supply of Zanaflex at issue, however, implies chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Percocet 10/325mg 1-2 tabs up to four times a day prn pain for max of 6 per day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to and maintained at least part-time work status as a self-employed proprietor of clothing store. The applicant is deriving appropriate analgesia with ongoing Percocet usage, it was suggested on several occasions, both by the applicant's primary treating provider (PTP) and by the applicant's psychiatrist. The applicant is maintaining appropriate level of activity, including home exercises, with ongoing usage of Percocet. Continuing the same, on balance, was therefore indicated. Accordingly, the request was medically necessary.

Xanax 0.25 mg take 1 up to twice a day as needed for anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, it appeared that the requesting provider was intent on employing alprazolam (Zanaflex) on a chronic, long-term, and/or daily use purposes, for anxiolytic effect. Such usage, however, is incompatible with ACOEM Chapter 15, page 402. It is further noted that the applicant appears to have been using several other anxiolytic medications over the course of the claim, including BuSpar, Atarax, Valium, Ativan, etc., at least two of which BuSpar and Atarax were seemingly employed in conjunction with Xanax. No compelling applicant-specific rationale for provision of so many different anxiolytic medications was set forth by either the applicant's primary treating provider (PTP) or the applicant's psychiatrist. Therefore, the request was not medically necessary.