MAXIMUS Federal Services

Case Number:	CM14-0192495		
Date Assigned:	11/26/2014	Date of Injury:	04/04/2006
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/19/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

63y/o female injured worker with date of injury 4/4/06 with related low back pain. Per progress report dated 10/20/14, the injured worker described the symptoms as mild to moderate, intermittent, frequent, and sharp. There was numbness and soreness. There was spasm. Per physical exam of the lumbar spine, there was tenderness to palpation with muscle spasm and muscle guarding. Straight leg raise test and Kemp test were positive on the right lower extremity. Deep tendon reflexes were 2+ at the bilateral lower extremities. Muscle strength was +5/5 at the bilateral lower extremities. Sensation was intact at the bilateral lower extremities. Treatment to date has included physical therapy, home exercise program, and medication management.The date of UR decision was 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Remeron 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

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

Decision rationale: According to the MTUS guidelines, sedating antidepressants (e.g., Amitriptyline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. The documentation submitted for review does not indicate that the injured worker has depression. Therefore, the request is not medically necessary.

1 Prescription for Zanaflex 2mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, page 66, "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Tizanidine is indicated for the injured worker's low back pain and spasms. I respectfully disagree with the UR physician's assertion that the chronicity of the injury disqualifies the use of this medication. The documentation submitted for review does not indicate that it has ever been used prior to the request. The request is medically necessary.