

Case Number:	CM14-0207842		
Date Assigned:	12/19/2014	Date of Injury:	08/12/2009
Decision Date:	02/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehabilitation 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:

This 37 year-old Warehouse Fabricator sustained a low back injury on 8/12/09 from pulling material from a rack while employed by [REDACTED]. Request(s) under consideration include Paxil, Tizanidine, and Edluar sublingual. Diagnoses include lumbar sprain/ lumbosacral spondylosis without myelopathy/ neuritis/radiculitis; lumbosacral congenital spondylosis/ congenital spondylolisthesis; long-term use of medications; thoracic sprain; and myalgia and myositis. Conservative care has included medications, therapy, Lumbar epidural steroid injection, trial of Spinal cord stimulator, and modified activities/rest. There is a report from consultant provider on 6/11/14 who noted the patient is not a surgical candidate and is not a candidate for spinal cord stimulator. Report from the provider dated 8/28/14 noted exam with pain on flexion and extension with treatment for facet injections. The patient continues to treat for chronic ongoing symptom complaints. Exam showed unchanged findings of positive SLR on left; limited thoracolumbar spine range of motion; tenderness and stiffness with normal muscle strength. Treatment plan included continuing with medications. The request(s) for Paxil, Tizanidine, and Edluar sublingual were non-certified on 12/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil: Upheld

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

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

Decision rationale: This 37 year-old Warehouse Fabricator sustained a low back injury on 8/12/09 from pulling material from a rack while employed by [REDACTED]. Request(s) under consideration include Paxil, Tizanidine, and Edluar sublingual. Diagnoses include lumbar sprain/ lumbosacral spondylosis without myelopathy/ neuritis/radiculitis; lumbosacral congenital spondylosis/ congenital spondylolisthesis; long-term use of medications; thoracic sprain; and myalgia and myositis. Conservative care has included medications, therapy, Lumbar epidural steroid injection, trial of Spinal cord stimulator, and modified activities/rest. There is a report from consultant provider on 6/11/14 who noted the patient is not a surgical candidate and is not a candidate for spinal cord stimulator. Report from the provider dated 8/28/14 noted exam with pain on flexion and extension with treatment for facet injections. The patient continues to treat for chronic ongoing symptom complaints. Exam showed unchanged findings of positive SLR on left; limited thoracolumbar spine range of motion; tenderness and stiffness with normal muscle strength. Treatment plan included continuing with medications. The request(s) for Paxil, Tizanidine, and Edluar sublingual were non-certified on 12/1/14. MTUS Medical Treatment Guidelines do not recommend Paxil, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 2009 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Paxil is not medically necessary and appropriate.

Tizanidine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 37 year-old Warehouse Fabricator sustained a low back injury on 8/12/09 from pulling material from a rack while employed by [REDACTED]. Request(s) under consideration include Paxil, Tizanidine, and Edluar sublingual. Diagnoses include lumbar sprain/ lumbosacral spondylosis without myelopathy/ neuritis/radiculitis; lumbosacral congenital spondylosis/ congenital spondylolisthesis; long-term use of medications; thoracic sprain; and myalgia and myositis. Conservative care has included medications, therapy, Lumbar epidural steroid injection, trial of Spinal cord stimulator, and modified activities/rest. There is a report from consultant provider on 6/11/14 who noted the patient is not a surgical candidate and is not a

candidate for spinal cord stimulator. Report from the provider dated 8/28/14 noted exam with pain on flexion and extension with treatment for facet injections. The patient continues to treat for chronic ongoing symptom complaints. Exam showed unchanged findings of positive SLR on left; limited thoracolumbar spine range of motion; tenderness and stiffness with normal muscle strength. Treatment plan included continuing with medications. The request(s) for Paxil, Tizanidine, and Edluar sublingual were non-certified on 12/1/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2009. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged without acute flare-up or clinical progression. The Tizanidine is not medically necessary and appropriate.

Edluar sublingual: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien®), pages 877-878.

Decision rationale: This 37 year-old Warehouse Fabricator sustained a low back injury on 8/12/09 from pulling material from a rack while employed by [REDACTED]. Request(s) under consideration include Paxil, Tizanidine, and Edluar sublingual. Diagnoses include lumbar sprain/ lumbosacral spondylosis without myelopathy/ neuritis/radiculitis; lumbosacral congenital spondylosis/ congenital spondylolisthesis; long-term use of medications; thoracic sprain; and myalgia and myositis. Conservative care has included medications, therapy, Lumbar epidural steroid injection, trial of Spinal cord stimulator, and modified activities/rest. There is a report from consultant provider on 6/11/14 who noted the patient is not a surgical candidate and is not a candidate for spinal cord stimulator. Report from the provider dated 8/28/14 noted exam with pain on flexion and extension with treatment for facet injections. The patient continues to treat for chronic ongoing symptom complaints. Exam showed unchanged findings of positive SLR on left; limited thoracolumbar spine range of motion; tenderness and stiffness with normal muscle strength. Treatment plan included continuing with medications. The request(s) for Paxil, Tizanidine, and Edluar sublingual were non-certified on 12/1/14. Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more

than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Edluar sublingual is not medically necessary and appropriate.