

Case Number:	CM15-0134525		
Date Assigned:	07/22/2015	Date of Injury:	11/27/1996
Decision Date:	09/22/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 a represented 62-year-old who has filed a claim for chronic low back and shoulder pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of November 27, 1996. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for hydroxyzine (Atarax), Zanaflex, Effexor, and Zonegran. Partial approvals were issued in several occasions. The claims administrator referenced an RFA form received on June 24, 2015 in its determination, along with an associated progress note of June 23, 2015. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported using 18 different medications. Ongoing complaints of low back, bilateral knee, and bilateral shoulder pain were reported. The applicant reported highly variable 6-8/10 pain complaints. The applicant acknowledged that lifting, sitting, bending, twisting, standing, and walking all remained problematic. The applicant was using a cane to move about, it was acknowledged. The applicant reported issues with anxiety, frustration, and irritability. The applicant stated that he was resting and/or reclined 50% to 75% of the day. The applicant had undergone two failed lumbar spine surgeries, it was reported, and had comorbidities including obstructive sleep apnea, it was reported. The applicant's psychiatric review of systems was positive for anxiety and depression. The applicant's medications included Lidoderm patches, Cialis, Levoxyl, AndroGel, oral Voltaren, ThermaCare heat wraps, Benadryl, terazosin, Zonegran, Effexor, Zanaflex, naproxen, Cymbalta, Ambien, Ambien extended release, Norco, Duragesic, Lidoderm, topical capsaicin, Atarax, and baclofen. It was stated that hydroxyzine (Atarax) was being on a p.r.n. basis for itching. Little-to-no seeming discussion of

medication efficacy transpired insofar as either Atarax or any of the applicant's other medications were concerned. On May 26, 2015, the applicant stated that his medications allowed to increase his sitting tolerance, allowed him to walk around the block, fold his clothes, and sit in his reclining chair. The applicant contended that he would be bedridden without his medications. The applicant's work status was not detailed, although it did not appear that the applicant was working. Highly variable 4-8/10 pain complaints were reported. The applicant reported issues with emotional liability and mood disturbance. The applicant was using a cane to move about. Multiple medications were renewed and/or continued. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Hydroxyzine HCL 25mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine, Hydroxyzine, Treats anxiety, tension, nervousness, nausea, vomiting, allergies, skin rash, hives, and itching. This medicine is an antihistamine.

Decision rationale: No, the request for hydroxyzine (Atarax) was not medically necessary, medically appropriate, or indicated here. While the National Library of Medicine (NLM) does acknowledge that hydroxyzine or Atarax is indicated in the treatment of anxiety, tension, nervousness, nausea, vomiting, skin allergies, hives, and/or itching, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to proper usage and so as to manage expectations. Here, it was suggested that Atarax was being employed for antipruritic effect. Progress notes of May 26, 2015 and June 23, 2015, while recounting the applicant's issues with pruritus, did not explicitly state whether or not ongoing usage of Atarax (hydroxyzine) had or had not proven effective in attenuating the same. Therefore, the request was not medically necessary.

60 tablets of Zanaflex 6mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Tizanidine (Zanaflex, generic available) Page(s): 7; 66.

Decision rationale: Similarly, the request for Zanaflex, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, it did not appear that the applicant was working, despite ongoing Zanaflex usage. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco, the later of which the applicant was reportedly using at a rate of six times a day; it was suggested on June 23, 2015. The applicant was using a cane to move about; it was reported on June 23, 2015. Activities of daily living as basic as lifting, standing, twisting, and bending remained problematic; it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing tizanidine (Zanaflex) usage. Therefore, the request was not medically necessary.

90 tablets of Effexor XR 75mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine).

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

Decision rationale: Similarly, the request for Effexor, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Effexor to exert their maximal effect, here, however, the applicant had seemingly been on Effexor for a minimum of several months. Progress note of June 23, 2015 and May 26, 2015 both suggested that the applicant had residual issues with depression, anxiety, frustration, irritability, etc., present on those dates. It did not appear that the applicant had returned to work, it was acknowledged. The applicant remained dependent on a variety of sedative and anxiolytic medications to include Atarax, Ambien, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Effexor. Therefore, the request was not medically necessary.

120 tablets of Zonegran 100mg with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Levetiracetam (Keppra, no generic), Zonisamide (Zonegran, no generic), and Tiagabine (Gabitril, no generic) Page(s): 22.

Decision rationale: Finally, the request for ZONEGRAN, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, atypical anticonvulsants such as ZONEGRAN should only be used to treat neuropathic pain when first-line anticonvulsants such as TEGRETOL, NEURONTIN, and/or LAMICTAL cannot be used. Here, however, progress notes of May 26, 2015 and June 23, 2015 made no mention of the applicant's having tried and/or failed multiple first-line anticonvulsant adjuvant medications, such as NEURONTIN, LAMICTAL, TEGRETOL, etc. Therefore, the request was not medically necessary.