

<b>Case Number:</b>	CM15-0161726		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 62 year old male who sustained an industrial injury on 10-08-2012 resulting in injury to the head, eyes, lumbar spine, bilateral shoulders, bilateral wrist, and bilateral lower extremities. Treatment provided to date has included: neurological evaluations, medications, and conservative therapies/care. Diagnostic testing has included: MRI of the brain (2014) showing normal findings per progress report (PR); electroencephalogram (EEG) (2014) showing abnormal findings with T6 epileptiform focus but qualified such due to artifact; polysomnography (PSG) (2014) showing severe OSA (obstructive sleep apnea) with AHI (apnea hypopnea index) of 30 because only 30 minutes of sleep recorded; a PET (positron emission tomography) scan (2015) showing abnormal hypoactive left parietal temporal; and MRI of the brain (03-2015 & 04-2015) showing mild chronic microvascular ischemic changes in the periventricular and subcortical white matter. There were no noted comorbidities or other dates of injury noted. On 07-08-2015, physician PR noted complaints of spasms in the back and legs. Additional complaints included worsening restless leg syndrome, nocturnal confusion, neck and low back pain, disequilibrium, anxiety, paranoia, impatience, progressive memory and cognitive difficulties, and insomnia with hyperphagia. The pain was rated 9 out of 10 in severities. Activity limitation was rated 9.7, and mood state was rated 10. Current medications include Keppra, alprazolam, Citalopram, Norco, Klonopin, Mirapex and omeprazole. The physical exam revealed bradykinesia, oriented to person only, ataxia, myoclonic jerking and tremors, and left lower extremity radiculopathy with positive Rhomberg. The provider noted diagnoses of nocturnal myoclonus, traumatic encephalopathy, severe OSA, knee and low back pain, supraventricular tachycardia, memory loss, cognitive difficulties, depression with anxiety,

and gastroesophageal reflux disease (GERD). Plan of care includes medications (Zanaflex, nortriptyline), refills of medications (Levetiracetam, alprazolam, Citalopram, Norco, Klonopin, Mirapex and omeprazole), repeat EEG, orthopedic evaluation for the knees and low back, MRI of the brain, PET scan of the brain, and follow-up in 6 weeks. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Zanaflex 2mg BID (twice daily), and nortriptyline 25mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zanaflex 2mg BID (twice daily): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "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." Per progress report dated 7/8/15 it was noted that the injured worker complained of spasm of the back and the legs. I respectfully disagree with the UR physician, the medical records do not indicate that the injured worker has been using this medication long term. The request is medically necessary.

#### **Nortriptyline 25mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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, and Antidepressants for treatment of MDD.

**Decision rationale:** The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of

presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006)

I respectfully disagree with the UR physician, the requested medication is indicated for the injured worker's depression. The guidelines do not mandate documentation of functional improvement with the use of antidepressants. The request is medically necessary.