MAXIMUS Federal Services

Case Number:	CM15-0186118		
Date Assigned:	09/28/2015	Date of Injury:	01/20/2010
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/21/2015

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 59-year-old who has filed a claim for chronic low back, neck, shoulder pain, and wrist pain reportedly associated with an industrial injury of January 20, 2010. In a Utilization Review report dated September 17, 2015 the claims administrator failed to approve requests for Lunesta, Trazodone, and Zanaflex. The claims administrator referenced an August 27, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On an appeal letter dated August 24, 2015, the attending provider appealed previously denied Zanaflex. The attending provider noted that the applicant had undergone earlier failed cervical and lumbar spine surgeries. The attending provider contended that the applicant's pain scores had been reduced from 10/10 without medications to 5/10 with medications. On July 2, 2015, the applicant reported ongoing complaints of neck pain. The attending provider stated that the applicant was using Norco, Lodine, tramadol, Neurontin, Desyrel, and Tizanidine. The applicant was no longer working and reportedly retired it was suggested after having been declared permanent and stationary by medicolegal evaluator. Norco was prescribed and dispensed while other medications were continued. The attending provider stated in one section of the note that the applicant was using Tizanidine but stated in another section of the note that he would employ Tizanidine on a trial basis for myofascial pain complaints. The attending provider stated that the applicant was doing well on her current medication regimen but did not elaborate further. On June 10, 2015, the attending provider stated that he was appealing previously denied Trazodone and stated that he was employing Trazodone on a trial basis for issues with depression, anxiety, and insomnia. On August 31, 2015, the attending provider

appealed a previous denial of six sessions of manipulative therapy. On a progress note dated August 27, 2015, the applicant reported ongoing complaints of neck pain. The applicant's medications include Norco, Lodine, tramadol, Neurontin, Desyrel, Tizanidine, and Voltaren gel, it was reported. The applicant had undergone earlier failed lumbar and cervical spine surgeries, it was reported. The applicant was not working with permanent limitations in place, the treating provider reported and reportedly retired. Lunesta, Norco, Trazodone, and Tizanidine were all seemingly refilled. The attending provider stated in another section of the note that the applicant had experienced a recent flare in pain complaints with associated difficulty falling asleep. Tizanidine and Norco were reportedly reducing the applicant's pain complaints to 10/10 to 5/10, however, it was stated in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #60: Upheld

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

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, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone Topic notes that Lunesta is not recommended for chronic or long-term use purposes, but rather, should be reserved for short-term use purposes. Here, however, the 60-tablet renewal request for Lunesta effectively represented chronic, long-term, and/or nightly usage of the same, i.e., usage that ran counter to ODG position on Lunesta. Therefore, the request was not medically necessary.

Trazodone 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Trazodone, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that it often takes weeks for antidepressants such as Trazodone to exert their maximal effect. Here, however, the applicant had seemingly been using Trazodone for a minimum of several months prior to the date in question, August 27, 2015. The applicant was using Trazodone as early as May 5, 2015, the treating provider reported on an appeal letter dated June 10, 2015. The August 27, 2015 office

visit at issue, however, made no mention of the applicant's experiencing any improvements in mood and/or function effected as a result of the ongoing Trazodone usage. The applicant reported continued difficulty staying asleep on that date. It did not appear that the applicant had profited from ongoing Trazodone usage in terms of issues with sleep disturbance, mood disturbance, and/or depression, per the August 27, 2015 office visit at issue. Therefore, the request was not medically necessary.

Zanaflex 4 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Finally, the request for Zanaflex (Tizanidine), an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that Tizanidine is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as was seemingly 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. Here, however, the applicant remained off of work, it was reported on August 27, 2015. Permanent work restrictions were renewed, unchanged from previous visits, on that date. Ongoing usage of Tizanidine failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.