

Case Number:	CM15-0190933		
Date Assigned:	10/05/2015	Date of Injury:	10/13/2010
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 10-13-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain with lumbar spondylosis. Medical records (08-20-2015) indicate ongoing low back ache and right knee pain. Pain levels were 2 & 9 (with and without medications) out of 10 on a visual analog scale (VAS). Records also indicate poor sleep. The treating physician states in his progress notes: "Her activity level has increased. Her activity level has decreased." Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-20-2015, revealed appearance of mild to moderate pain, an antalgic gait, restricted range of motion (ROM) in the lumbar spine, tenderness and tight muscle bands in the lumbar paravertebral muscles, unable to walk on heels or toes, positive straight leg raises on the right, tenderness over the sacroiliac spine, tenderness to palpation over the lateral and medial joint lines of the right knee, and decreased sensation over the lateral side of the left thigh. Relevant treatments have included physical therapy (PT), previous chiropractic treatments with benefit, work restrictions, and pain medications (Norco, Trazodone and Zanaflex for an unknown amount of time). The IW reported that medications are less effective. The treating physician indicates that the IW is taking medications as prescribed and there have been no side effects. The PR (08-20-2015) shows that the following medications were requested: Trazodone 50mg #30 with 1 refill, and Zanaflex 2mg #30. The original utilization review (09-17-2015) partially approved the request for Trazodone 50mg #30 with 1 refill (modified to no refills), and non-certified the request for Zanaflex 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 MG Qty 30 with 1 Refill: Upheld

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) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.

Zanaflex 2 MG Qty 30: Upheld

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: The California chronic pain medical treatment guidelines section on muscle relaxants 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.