

<b>Case Number:</b>	CM15-0199228		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 23, 2013. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for trazodone and tizanidine. The claims administrator referenced a September 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 13, 2015, the applicant reported ongoing complaints of neck, shoulder, mid back, and low back pain with radiation of low back pain to the left eye. The attending provider stated that he was appealing previously Desyrel and tizanidine. The applicant was also using OxyContin and immediate-release morphine, it was reported. The applicant had undergone earlier lumbar spine surgery in April 2015, the treating provider acknowledged. The report was very difficult to follow as it mingles historical issues with current issues. In one section of the note, it was stated the applicant was working on a full-time basis as truck driver while the attending provider then stated the applicant was off of work, on total temporary disability, and had been off of work since March 20, 2015. The attending provider stated he was intent on employing trazodone for insomnia and tizanidine for antispasmodic effect. On September 15, 2015, Ambien was discontinued. The note, as previously noted, was very difficult to follow. Portions of the note stated that the applicant was had returned to work, while it was acknowledged the bottom of the report that the applicant was, in fact, off of work, on total temporary disability. Tizanidine, trazodone, OxyContin, and immediate-release morphine were all seemingly endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Trazodone 50mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**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, Trazodone (Desyrel).

**Decision rationale:** The request for trazodone, an atypical anti-depressant, was medically necessary, medically appropriate, and indicated here. The attending provider indicated on September 15, 2015 that he was intent on employing trazodone for sedative effect purposes. The MTUS does not address the usage of antidepressants for sedative purposes. However, ODG's Mental Illness and Stress Chapter Trazodone topic notes that trazodone is the most infrequently prescribed insomnia agent. While ODG notes that trazodone is not, however, recommended as a first-line treatment for insomnia, here, however, the attending provider reported on September 15, 2015, the applicant had previously tried and failed another sedative agent, Ambien. Introduction of trazodone was, thus, indicated on or around the date in question, September 15, 2015, despite the tepid ODG position on the same. Therefore, the first-time request for trazodone is medically necessary.

### **Tizanidine 4mg, unspecified quantity: Upheld**

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

**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:** Conversely, the request for tizanidine (Zanaflex) was not medically necessary, medically appropriate, or indicated here. The request for tizanidine appeared to represent a renewal or extension request for the same, although it was difficult to state with certainty as large portions of the attending provider's September 15, 2015 office visit mingles historical issues with current issues in several key areas, including in terms of reporting the applicant's work status. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine can be employed for unlabeled use for low back pain, as was 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, on total temporary disability, it was reported on September 15, 2015 and on October 13, 2015. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as OxyContin and Morphine. 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 is not medically necessary.

