

<b>Case Number:</b>	CM15-0045453		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Arizona, California  
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 58 year old male, who sustained an industrial injury on August 23, 2002. The mechanism of injury is not indicated in the medical records available for this review. The injured worker was diagnosed as having lumbago, and spinal stenosis. Treatment to date has included medications, magnetic resonance imaging, and epidural steroid injections. On February 18, 2015, he reported ongoing low back pain, rated 5/10 on a visual analog pain scale. He indicates the leg pain is not as bad as previously, and the numbness in his legs continues. He also reports having weakness in the legs. The records indicate previous epidural injections with relief of approximately 70%. A magnetic resonance imaging of the lumbar spine on November 29, 2010, reveals degenerative disc disease. Medications listed as: Prozac 20mg every day, Suboxone 8mg, Quetiapine 25mg at bedtime, Tizanidine 4mg twice daily as needed for muscle spasms, Senna 2 tablets twice daily as needed for constipation, and Omeprazole 20mg daily. The treatment plan is: to continue medications, bilateral L5-S1 transforaminal lumbar epidural steroid injection, encourage home exercises as tolerated, and obtain Agreed Medical Evaluation. The IMR request is for Quetiapine 25mg #30 and Tizanidine 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quetiapine 25mg #30 prescribed 2/18/15: 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) Mental Illness & Stress chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- mental chapter- anti-psychotics and 19.

**Decision rationale:** According to the guidelines, atypical ante-psychotics (such as Quetiapine) are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. In this case, the claimant had been on an SSRI (Prozac) for depression. There was no mention of inadequately managed depression on Prozac as noted on 1/21/15. The claimant had been on Prozac for years. The additional of atypical anti-psychotics adds minimal benefit to SSRI. The continued use of Quetiapine is not substantiated and not medically necessary.

**Tizanidine 4mg #60 prescribed 2/18/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** Tizanidine is a muscle relaxant that is similar to diphenhydramine, but has greater anti cholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on muscle relaxants including prior Flexeril for several months. Continued and chronic use of this category of medications including Tizanidine is not medically necessary.