

Case Number:	CM15-0056813		
Date Assigned:	04/01/2015	Date of Injury:	09/09/2007
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male, who sustained an industrial injury on 09/09/2007. The injured worker is currently diagnosed as having degeneration of cervical intervertebral disc, brachial neuritis, degeneration of lumbar intervertebral disc, and lumbosacral radiculitis. Treatment to date has included medications. In a progress note dated 02/25/2015, the injured worker presented for a medical reevaluation regarding his lumbar spine industrial injury. The treating physician reported requesting authorization for Trazadone and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; ANTISPASTICITY/ANTISPASMODIC DRUGS Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with neck and low back pain rated at 6/10. The request is for TIZANIDINE 4MG #270. The request for authorization is not provided. Patient has started Suboxone and is here for monitoring. Continues to have nausea, shaking and feeling of anxiety, but patient states is not related to the timing of Suboxone. Stiffness and spasms of low back noted. Interference with sleep noted. Patient is encouraged to continue with daily exercise program. Patient's medications include Keppra, Ketoprofen, Lorazepam, Naprosyn, Norco, Suboxone, Tizanidine, Trazadone and Treximet. The patient is working full-time. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:"

ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 08/01/14, treater's reason for the request is "for treatment of their complaints; Medication effect reported by Pt reveals a 50 percent decrease in spasm; Adverse side effects reported by Pt none." The patient is prescribed Tizanidine since at least 08/01/14. Per progress report dated, 10/10/14, treater states, "These medications are used in a stable manner to reduce pain >50% and allow patient to continue to work full time. In this case, given the patient's chronic pain, and treater documenting decrease in pain and increase in function with Tizanidine, it appears the request is reasonable. However, per progress report dated, 03/17/15, return to office is "to see [REDACTED] for FOLLOW UP - 30 on or around 04/07/15. [REDACTED] for FOLLOW UP - 30 on 04/07/15 at 03:00 PM." Additionally, patient is instructed by treater to take 1 tablet by mouth every 8 hours as directed. With a follow-up scheduled for 30 days, the patient would only need #90. The request is for #270, and treater does not explain why the additional quantity is needed. Therefore, the request IS NOT medically necessary.

Trazadone #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The patient presents with neck and low back pain rated at 6/10. The request is for TRAZADONE #60 WITH 1 REFILL. The request for authorization is not provided. Patient has started Suboxone and is here for monitoring. Continues to have nausea, shaking and feeling of anxiety, but patient states is not related to the timing of Suboxone. Stiffness and spasms of low back noted. Interference with sleep noted. Patient is encouraged to continue with daily exercise program. Patient's medications include Keppra, Ketoprofen, Lorazepam, Naprosyn, Norco, Suboxone, Tizanidine, Trazadone and Treximet. The patient is working full-time. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. Per progress report dated, 10/10/14, treater's reason for the request is "to improve disrupted sleep pattern due to industrial injury related pain." The patient is prescribed Trazadone since at least 08/01/14. However, there is no discussion of the efficacy of the medication. The treater does not discuss whether or not the medication is helping with the patient's neuropathic pain. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request IS NOT medically necessary.