

Case Number:	CM14-0114860		
Date Assigned:	08/04/2014	Date of Injury:	09/12/2007
Decision Date:	10/08/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain, depression, sleep disturbance, and anxiety reportedly associated with an industrial injury of September 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; psychotropic medications; psychological counseling; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated June 21, 2014, the claims administrator partially certified a request for Cymbalta #30 with three refills of Cymbalta #30 with no refills, and denied a request for Zanaflex. The applicant's attorney subsequently appealed. In an October 16, 2008, medical-legal evaluation, it was acknowledged that the applicant was depressed. The applicant was no longer working in his former capacity as a carpenter. The applicant was taking some night classes in an attempt to return to work as a construction inspector. The applicant was using Skelaxin and Motrin, it was noted. The applicant apparently had a previous history of alcohol abuse and marijuana abuse, although the applicant suggested that he was no longer using the illicit substances. The applicant was, however, smoking a pack of cigarettes a day. In a July 15, 2014 progress note, the applicant reported persistent complaints of low back pain, 5-8/10. The applicant stated that he felt depressed and anxious. Sleep disturbance and erectile dysfunction were also reported. The applicant stated that he did have persistent depressive symptoms. The applicant stated that he recently increased his dosage of Cymbalta to 60 mg a day. The applicant's BMI was 28. Norco was renewed. The applicant was asked to employ Cymbalta at a heightened dose and begin Zanaflex as soon as possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #30 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants often take "weeks" to exert their maximal effect. In this case, the attending provider posited that earlier usage of Cymbalta at a lower dose had proven ineffective. Usage of Cymbalta at a heightened dose, thus, was indicated, given the applicant's persistent depressive symptoms and the failure to respond to a lower dose of Cymbalta. Therefore, the request was/is medically necessary.

ZANAFLEX 4MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxer.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex ; Muscle Relaxants Page(s): 66; 7; 63.

Decision rationale: The request in question represents a first-time request for Zanaflex. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off labeled for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and also by commentary on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that muscle relaxants, as a class, are recommended for short-term treatment of acute exacerbations of low back pain. The request, as written, for Zanaflex 4 mg #60 with three refills, however, implies chronic, long-term, and scheduled use, with no provision to reassess the applicant to ensure ongoing medication efficacy. This is not indicated, for all of the stated reasons. Therefore, the request was/is not medically necessary.