

Case Number:	CM14-0122256		
Date Assigned:	08/06/2014	Date of Injury:	08/14/2010
Decision Date:	10/09/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old female with a date of injury of 09/04/2010. The listed diagnoses per [REDACTED] are: 1. Anxiety state. 2. Psychalgia. 3. Psychogenic headache. 4. Depressive disorder. 5. Carpal tunnel syndrome, bilateral. 6. Old medial collateral ligament disruption. 7. Degeneration of cervical intervertebral disk. According to a progress report dated 07/15/2014, the patient presents with bilateral low back pain that radiates into the lower extremities. The patient rates her present pain as 4/10. The treater states the patient stopped taking Mobic due to heart palpitations associated with the medication. The patient continues to take Norco for pain, Paxil for depression, Trazodone for sleep, and Zanaflex for muscle spasms. She does try to limit her use of Trazodone, and patient states she continues to have nightmares, but these have been less so. The treater is requesting a refill of Zanaflex 4 mg #90 with 2 refills and Trazodone 50 mg #30 with 2 refills. Utilization review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #90 Refill X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxant

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTISPASTICITY/ANTISPASMODIC DRUGS: Page(s): 66.

Decision rationale: This patient presents with bilateral low back pain that radiates into the lower extremities. The treater is requesting a refill of Zanaflex 4 mg #90 with 2 refills. The treater states the patient is taking Zanaflex for muscle spasm. The MTUS Chronic Pain Guidelines page 66 allows for the use of Zanaflex (tizanidine) for low back pain, myofascial pain, and fibromyalgia. In this case, the treater does not discuss functional improvement or decrease in pain when taking this medication. The MTUS Chronic Pain Guidelines page 60 requires documentation of pain assessment and functional changes while medications are used for chronic pain. The request is not medically necessary and appropriate.

Trazadone 50 mg #30 Refill X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TrazodoneODG guidelines under insomnia, Pain chapter:.

Decision rationale: The treater states the patient is taking this medication for patient's sleep issues. Trazodone is classified as an antidepressant. The MTUS Chronic Pain Guidelines on antidepressants page 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. The treater does not provide any discussion regarding this medication's efficacy in terms of functional improvement or decrease in pain. The MTUS Chronic Pain Guidelines page 60 requires documentation of pain assessment and functional changes while medications are used for chronic pain. The request is not medically necessary and appropriate.