

Case Number:	CM14-0165024		
Date Assigned:	10/10/2014	Date of Injury:	08/01/1993
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 52 year old male with the listed dates of injury being 8/1/1993 and 8/31/2001. He complains of chronic neck pain radiating to the upper extremities, numbness and tingling of the upper extremities, low back pain radiating to the lower extremities, bilateral knee pain and left ankle pain. The physical exam reveals tenderness to palpation of the neck musculature with diminished cervical range of motion, diminished sensation of the lateral arms and forearms, and atrophy of the hand musculature. There is tenderness to palpation of the lumbar musculature, diminished lumbar range of motion, and diminished sensation in the L5 distribution bilaterally, and a positive straight leg raise test bilaterally. The right knee is tender at the medial and lateral joint lines with a positive McMurray's sign, and the left ankle is diffusely tender and swollen. The diagnoses are plantar fasciitis, cervical degenerative disc disease with facet arthropathy and upper extremity radiculopathy, lumbar degenerative disc disease with facet arthropathy, foraminal narrowing, and lower extremity radiculopathy, bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment, bilateral peroneal neuropathy, internal derangement of both knees, type 2 diabetes, and reactive depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants

Decision rationale: The ODG recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP 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. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with subacute and chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain and it may also provide benefit as an adjunct treatment for fibromyalgia. In this instance, there is documentation from 6-4-2014 that the injured worker had an ongoing myofascial pain syndrome that had not responded to stretching, physical therapy, or muscle relaxants. The muscle relaxant in use at that time was Zanaflex. Therefore, Zanaflex 4 mg #60 is not medically necessary. This medication is related to clonidine and should not be discontinued abruptly. Weaning should occur gradually, particularly in patients that have had prolonged use.

Trazodone 150 mg #30: Upheld

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

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 and Stress, Trazodone

Decision rationale: Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. The available documentation fails to say why the Trazodone is being used at all. There is no mention of insomnia although that is the likely reason for its use. Because of the lack of supporting documentation specifying diagnosis or treatment efficacy, Trazodone 150 mg #30 is not medically necessary.

Lexapro 10 mg #30: Overturned

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

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 and Stress, Antidepressants (Lexapro).

Decision rationale: Lexapro is recommended as a first-line treatment option for major depressive disorder. There is an increased risk of depression in people with a physical illness, and depression is associated with reduced treatment adherence, poor prognosis, increased disability and higher mortality in many physical illnesses. There is evidence that antidepressants are superior to placebo in treating depression in physical illness. The guidelines do not specify the duration of treatment allowed or the frequency at which therapeutic assessments should occur. Therefore, Lexapro 10 mg #30 is medically necessary.

Xanax 1 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this instance, the injured worker has been taking Xanax for a period which exceeds 4 weeks with no real justification from the provided medical record. Therefore, Xanax 1 mg #60 is not medically necessary. The treating physician should consult appropriate guidelines for weaning.