

Case Number:	CM14-0217174		
Date Assigned:	01/07/2015	Date of Injury:	10/02/2006
Decision Date:	03/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 57 year old female with a reported industrial injury on October 2, 2008, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on December 10, 2014, for follow-up visit with medication and medical management. The presenting complaints included bilateral leg numbness and tingling worsening with medication change from gabapentin to Lyrica. There is a copy of Magnetic resonance imaging (MRI) of the lumbar spine, done on June 7, 2012, which revealed, trace multilevel multifactorial changes present essentially stable, most prominent at L4-L5 for right lateral recess stenosis and neural foraminal stenosis. The medications the injured worker is on include, aspirin, Lisinopril, Neurontin, Lexapro, Norco, Nexium, Adderall, magnesium, vitamin D, Fenofibrate and atorvastatin. The injured worker has received Lumbar Epidural Steroid Injection at L5-S1 on April 3, 2014, with a noted seventy-five percent improvement on April 9, 2014. Diagnoses are lumbar dis disease with history of radiculopathy. The document was hand written and not completely legible. The treatment plan on December 15, 2014, the provider requested Norco 10/325 mg #100, Lyrica 75 mg #60, Zanaflex 4 mg #60 and Lexapro 20 mg #30, on December 19, 2014, the Utilization Review non-certified Zanaflex 4 mg #60 and Lexapro 20 mg #30 and certified Norco 10/325 mg #100, Lyrica 75 mg #60 the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (Tizanidine) Muscle relaxants Medications for chronic pain Page(s): 63-66,60.

Decision rationale: The patient presents with back pain with radicular pain down her left leg. The request is for ZANAFLEX 4 MG #60. The utilization review determination rationale is that “the records do not establish any objective functional improvement or a return to work as a result of this medication. The patient has been taking this medication as early as 04/09/14. She has muscle spasms go up her back to her thoracic and lumbar region, tenderness directly over the lumbar spine and over the right/left SI joint, tenderness to palpation over the right lumbar muscles, and a positive straight leg raise on the left. Range of motion is restricted, spinous process tenderness is noted on L4 and L5, Gaenslens is positive, lumbar facet loading is positive on both sides, straight leg raise is positive on the left, and FABER test is positive. The report with the request is not provided. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The 09/04/14 report states that Zanaflex is helping some with her muscle spasms.” MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The treater specifically indicates that Zanaflex is helpful to the patient’s pain and function. The requested Tizanidine IS medically necessary.

Lexapro 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Escitalopram

Decision rationale: The patient presents with back pain with radicular pain down her left leg. The request is for LEXAPRO 20 MG #30. The patient has been taking this medication as early as 04/09/14. The patient has been taking this medication as early as 04/09/14. She has muscle spasms go up her back to her thoracic and lumbar region, tenderness directly over the lumbar spine and over the right/left SI joint, tenderness to palpation over the right lumbar muscles, and a positive straight leg raise on the left. Range of motion is restricted, spinous process tenderness is noted on L4 and L5, Gaenslens is positive, lumbar facet loading is positive on both sides, straight leg raise is positive on the left, and FABER test is positive. The report with the request is not provided. Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called

selective serotonin reuptake inhibitors (SSRIs). MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is recommended as a first-line treatment option for MDD and PTSD. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the treating physician only discusses the patient's pain in his lower back radiating to his left leg. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Lexapro has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Lexapro IS NOT medically necessary.