

Case Number:	CM14-0036160		
Date Assigned:	06/25/2014	Date of Injury:	08/01/1993
Decision Date:	03/06/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 53 year old male with a date of injury of 8/1/93. Diagnoses include cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic spine sprain/strain, lumbar degenerative disc disease, facet arthropathy, foraminal narrowing, and bilateral lower extremity radiculopathy, peroneal neuropathy, bilateral knee internal derangement, left ankle traumatic arthritis, depression/anxiety, medication induced gastritis, diabetes, bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment, and myofascial pain. A neurology consultant documented on 9/10/13 that the injured worker has not worked since 9/1996. Work status as of February 2014 was not working, permanent and stationary. Primary treating physician progress note of 2/13/14 documents that the injured worker had complaints of pain in the low back rated 4/10 in severity, as well as ongoing right knee and left ankle pain. Examination showed antalgic gait and use of a single point cane, tenderness over the posterior cervical musculature with limited range of motion and muscle rigidity, decreased bilateral upper extremity sensation along the lateral arm and forearm, positive Tinels sign bilaterally, diffuse muscle atrophy along the thenar and hypothenar muscles bilaterally, tenderness of the lumbar spine with muscle rigidity and decreased range of motion, decreased sensation along L5 distribution bilaterally, positive straight leg raise bilaterally, tenderness along the medial and lateral joint line of the right knee with mild crepitus and positive McMurrays sign, and swelling to the left ankle with tenderness to palpation and decreased range of motion. Treatment has included cervical and lumbar epidural steroid injections, left ankle surgeries, corticosteroid injection of the right knee and left ankle, viscosupplementation

injections to the right knee, trigger point injections, physical therapy, aqua therapy, consultations, psychological counselling, and medication management. Authorization for right knee arthroscopic meniscectomy was requested. Diagnostic tests have included magnetic resonance imaging (MRI) of the right knee, cervical spine, and lumbar spine, electrodiagnostic studies of the upper and lower extremities. The documentation submitted included progress reports from August 2013 to February 2014 with visits occurring approximately on a monthly basis, and an orthopedic Agreed Medical Examination from February 2014. Medications as of 2/13/14 included norco, ultram, anaprox, zanaflex, Prilosec, Xanax, trazodone, Lexapro, and dendracin cream. Multiple prior progress notes refer to use of FexMid (cyclobenzaprine). The documentation indicates that Xanax, trazodone, and zanaflex were prescribed since at least February 2013. Lexapro was noted in the progress note of 11/19/13. The documentation notes that the injured worker had been referred to a psychiatrist on one occasion and that wellbutrin was prescribed, providing no benefit. The injured worker was also treated by a psychologist and felt the treatments were beneficial. The physicians progress note of 11/19/13 notes that the injured workers depression, difficulty sleeping, and anxiety symptoms were aided by Lexapro, Xanax, and trazodone. On 9/10/13, a neurology consultant documented that the injured worker was alert and oriented, with normal recent and remote memory, and normal insight and judgment. No detailed psychiatric examination or additional discussion of psychiatric symptoms were provided. On 2/28/14, Utilization Review (UR) non-certified requests for trazodone, lexapro, zanaflex, and Xanax, citing the MTUS and the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Decision based on Non-MTUS Citation chronic pain chapter: insomnia

Decision rationale: The documentation provided does not include detailed indication or results for the prescription of trazodone, which has been in use since at least February 2013. The physician noted that this medication was found to aid with symptoms of anxiety, depression, and difficulty sleeping. No detailed psychiatric examination/evaluation was present in the documentation provided. The MTUS notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that they have many side effects, and that referral for medication evaluation should be considered. The injured worker has been treated with trazodone for at least a year, and he is not currently under the care of a psychiatrist. Although progress notes document one prior psychiatric visit and prior treatment by a psychologist, reports of these visits were not provided. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. There was no documentation

of functional improvement as a result of treatment with trazodone, as the injured worker remains off work and office visits have continued at the same frequency. The request for trazodone 150 mg #30 is not medically necessary.

Lexapro 10 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): p. 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

Decision rationale: Antidepressants are recommended as an option for neuropathic pain especially if pain is accompanied by insomnia, anxiety, or depression; tricyclics are generally considered first line agents. Effectiveness is limited in non-neuropathic pain. Lexapro is a selective serotonin reuptake inhibitor which is not specifically addressed by the MTUS in regards to use for chronic pain, but other medications in this class are noted to be used off-label in chronic pain syndromes and for neuropathic pain. The MTUS notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that they have many side effects, and that referral for medication evaluation should be considered. The physician noted that this medication was found to aid with symptoms of anxiety, depression, and difficulty sleeping. No detailed psychiatric examination/evaluation was present in the documentation provided. Although progress notes document one prior psychiatric visit and prior treatment by a psychologist, reports of these visits were not provided. Lexapro has been in use since at least November 2013 but there was no documentation of functional improvement as a result of its use, as the injured worker remains off work and office visits have continued at the same frequency. The injured worker has also been prescribed tramadol, which carries increased risk of seizure in patients taking selective serotonin reuptake inhibitors such as Lexapro. For these reasons, the request for Lexapro 10 mg #30 is not medically necessary.

Zanaflex 4 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory agents (NSAIDs) in pain and overall improvement, and there is no additional benefit shown in combination with NSAIDs. Zanaflex is approved for management of spasticity and is unlabeled for use in low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing

has occurred consistently for months at minimum and may have been in use for more than one year. Some progress notes document prescription for FexMid (cyclobenzaprine), another muscle relaxant. . The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. The request for zanaflex 4 mg #60 is not 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): p.24. Decision based on Non-MTUS Citation chronic pain chapter: insomnia

Decision rationale: Per the MTUS, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The physician noted that this medication was found to aid with symptoms of anxiety, depression, and difficulty sleeping. The documentation indicates that Xanax had been prescribed for at least one year. No detailed psychiatric examination/evaluation was present in the documentation provided. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Because of the duration of use greater than recommended by the guidelines, the potential for tolerance and dependence, and lack of evaluation of sleep disturbance, the request for Xanax 1 mg #60 is not medically necessary.