

Case Number:	CM15-0018080		
Date Assigned:	02/06/2015	Date of Injury:	09/17/1999
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/30/2015

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 male, who sustained an industrial injury on 09/17/1999. He has reported subsequent back pain and was diagnosed with lumbar spine pain and lumbar degenerative disc disease. Treatment to date has included oral and topical pain medication, and a transcutaneous electrical nerve stimulator. In a progress note dated 12/18/2014, the injured worker complained of 6/10 low back pain. Objective physical examination findings were notable for reduced range of motion of the lumbar spine. The physician noted that the injured worker's Soma would be changed to Zanaflex without an explanation as to why the change was being made. The physician also noted that Paxil would be refilled. A request for authorization of Zanaflex and Paxil was made. On 01/19/2015, Utilization Review non-certified a request for Zanaflex, noting that the injured worker was not diagnosed with a muscular condition which would suggest he was in need of muscle relaxants and modified a request for Paxil from 10 mg #30 with 1 refill to Paxil 10 mg #15 between 12/18/2014 and 03/16/2015, noting that the injured worker did not suffer from any major depressive disorder which would suggest he is in need of anti-depressants. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 10 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress Chapter, Paroxetine Paxil, Anti-depressants for treatment of MDD

Decision rationale: Per the reports provided for review, the patient presents with lumbar spine pain. The current request is for PAXIL 10 mg #30 WITH 1 REFILL per the 12/18/14 RFA. The patient is working without restrictions. MTUS does not discuss this Paxil/Paroxetine specifically. ODG, Mental Chapter, Paroxetine. Paxil, Antidepressants for treatment of MDD, states, "Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms." The reports provided for review show that Paxil is a continuing medication since at least 09/03/14. The reports discuss lumbar complaints; however, there is no discussion of the use of this medication or a diagnosis of Major Depressive Disorder for which this medication is indicated. In this case, the request IS NOT medically necessary.

Zanaflex 4 mg #120 with 1 refill: Upheld

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

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

Decision rationale: Per the reports provided for review, the patient presents with lumbar spine pain. The current request is for ZANAFLEX 4 mg #120 WITH 1 REFILL per the 12/18/14 RFA. The 01/19/15 utilization review modified this request to #15 with no refills. The patient is working without restrictions. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The patient started this medication on 12/18/14 and discontinued Soma. The report does not state the reason for starting Zanaflex. This medication is indicated for the lower back pain documented for this patient and it does appear to be a second line option as the patient is prescribed Norco-an opioid. However, guidelines state use is for short-term treatment of acute exacerbations. The treater does not state use is for the short-term, and the requested #120 with 1 refill does not suggest short term use. The request IS NOT medically necessary.