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| <b>Case Number:</b>   | CM15-0065013 |                              |            |
| <b>Date Assigned:</b> | 04/10/2015   | <b>Date of Injury:</b>       | 01/05/2000 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 03/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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 67-year-old male, who sustained an industrial injury on 1/5/2000. He reported injuries from pushing a washer up a ramp. The injured worker was diagnosed as having chronic pain syndrome, failed neck pain syndrome with spastic torticollis, anxiety and depression. There was a recent abnormal echocardiogram. Treatment to date has included medication management. In a progress note dated 2/18/2015, the injured worker complains of weakness, swelling and a recent fall. The treating physician is requesting Trazadone, Folbic and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 5mg #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 (ODG), Mental Illness & Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60. Decision

based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline.

**Decision rationale:** The patient presents with constant pain in the cervical spine that's aggravated by repetitive motions of the neck. The request is for TRAZODONE 5MG #30. There is no RFA provided and the patient's date of injury is 01/05/00. The patient was diagnosed as having chronic pain syndrome, failed neck pain syndrome with spastic torticollis, anxiety and depression. Per 02/10/15 report, the patient reports "the neck pain beats me up. I experience fast heart beat, dizziness, ringing in ears at times, diarrhea and stomach pain." Treater goes on to state, "Patient takes medications faithfully and as directed with no adverse reactions." Treatment to date has included medication management. Current medications include Benazepril, Trazodone, Nexium, Tizanidine, Hyoscyamine SL, Pilocarpine, Folbic, and Doc-Q-lace. The patient is partially temporarily disabled, per 12/16/14 report. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: Sedating antidepressants -e.g., amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Treater does not specifically discuss this medication. Per provided medical reports, the patient was prescribed Trazodone at least since 06/12/14. Trazodone is supported as an antidepressant for treatment of insomnia when there is depression and chronic pain. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. In this case, none of the provided reports discuss the patient's insomnia or concurrent depression. Furthermore, MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. There is no discussion regarding medication's efficacy either. The request IS NOT medically necessary.

**Folbic 2.5/25mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Dailymed.nlm.nih.gov/dailymed/archives/fdaDruginfo.cfm?archiveid=28205](http://Dailymed.nlm.nih.gov/dailymed/archives/fdaDruginfo.cfm?archiveid=28205).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter on: Vitamin B, [www.web MD.com](http://www.web MD.com).

**Decision rationale:** The patient presents with constant pain in the cervical spine that's aggravated by repetitive motions of the neck. The request is for FOLBIC 2.5/25MG #60. There is no RFA provided and the patients date of injury is 01/05/00. The patient was diagnosed as having chronic pain syndrome, failed neck pain syndrome with spastic torticollis, anxiety and

depression. Per 02/10/15 report, the patient reports "the neck pain beats me up. I experience fast heart beat, dizziness, ringing in ears at times, diarrhea and stomach pain." Treater goes on to state, "Patient takes medications faithfully and as directed with no adverse reactions." Treatment to date has included medication management. Current medications include Benazepril, Trazodone, Nexium, Tizanidine, Hyoscyamine SL, Pilocarpine, Folbic, and Doc-Q-lace. The patient is partially temporarily disabled, per 12/16/14 report. The MTUS, ACOEM and ODG guidelines are silent with regards to this request. However, the [www.web MD.com](http://www.web MD.com) on the Folbic states that it is a combination of vitamin B6, B12 and folic acid. It is for people who do not have enough of these vitamins for good health. ODG-TWC guidelines online, Pain chapter on: Vitamin B (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>) Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paraesthesiae, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paraesthesiae. There was some evidence that vitamin B is less efficacious than alpha-lipoic acid, cilostazol or cytidine triphosphate in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well-tolerated. (Ang-Cochrane, 2008). Per provided medical reports, the patient was prescribed Folbic at least since 06/12/14. There is no discussion as to the reason why this medication is being prescribed to this patient. Additionally, Folbic is a combination of folic acid, vitamin B6 and vitamin B12. ODG guidelines does not recommend Vitamin B and states, "Vitamin B is frequently use for treating peripheral neuropathy, but its efficacy is not clear." Furthermore, ODG under the pain chapter, vitamin B and vitamin B complexes further states, "Not recommended for treatment of chronic pain unless this is associated with documented vitamin deficiency." There is no indication that this patient has a vitamin deficiency and ODG states that Vitamin B is not recommended for chronic pain. Folbic contains Vitamin B, therefore, the request for Folbic IS NOT medically necessary.

**Tizanidine HCL 4mg (unspecified qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain ANTISPASTICITY/ANTISPASMODIC DRUGS, Medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** The patient presents with constant pain in the cervical spine that's aggravated by repetitive motions of the neck. The request is for TIZANIDINE HCL 4MG (UNSPECIFIED QTY). There is no RFA provided and the patient's date of injury is 01/05/00. The patient was diagnosed as having chronic pain syndrome, failed neck pain syndrome with spastic torticollis, anxiety and depression. Per 02/10/15 report, the patient reports "the neck pain

beats me up. I experience fast heart beat, dizziness, ringing in ears at times, diarrhea and stomach pain." Treater goes on to state, "Patient takes medications faithfully and as directed with no adverse reactions." Treatment to date has included medication management. Current medications include Benazepril, Trazodone, Nexium, Tizanidine, Hyoscyamine SL, Pilocarpine, Folbic, and Doc-Q-lace. The patient is partially temporarily disabled, per 12/16/14 report. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ ANTISPASMODIC DRUGS: Tizanidine (Zanaflex & #130, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Per provided medical reports, the patient was prescribed Tizanidine at least since 06/12/14. The treating physician, however, does not document an improvement in function or a reduction in pain due to Tizanidine use. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. Hence, the request for Tizanidine # 90 IS NOT medically necessary.