

<b>Case Number:</b>	CM15-0072830		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	12/04/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: 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:

This 39 year old female sustained an industrial injury to the back and flank on 12/4/01. Current diagnoses included bipolar disorder, anxiety, depression, lumbago, sacroiliitis, lumbar myofascial pain, lumbar spine spondylosis, chronic pain syndrome and insomnia. Previous treatment include physical therapy, biofeedback, behavioral modification, injections, radiofrequency rhizotomy, and medications including chronic use of opioids. In a summary of records, treatment for anxiety and depression by behavioral medicine providers in 2007 was noted. Lexapro and valium were noted to be prescribed in 2007. A psychiatric hospitalization for toxic ingestion/possible suicide attempt in 2007 was noted. Cymbalta, Zyprexa, and soma were noted to be prescribed in 2008. Medications in 2012 included Cymbalta, Geodon, and baclofen. A psychiatric evaluation on 9/9/14 noted anxiety, depression, bipolar disorder, insomnia, and chronic opioid treatment. Continuation of Cymbalta and Geodon was advised. It was also noted that the injured worker occasionally takes valium as needed for anxiety and for spasm in the back muscles. Continued psychiatric treatment for medication management and supportive psychotherapy advised. Robaxin was prescribed by the treating pain management physician in January 2015. A psychiatric note from 3/6/15 states that valium has been discontinued. The psychiatrist documented that the injured worker was not overtly psychotic or imminently suicidal; no behavioral problems were noted. In a pain management follow-up visit dated 2/9/15, the injured worker presented for medications refills. The injured worker complained of pain to bilateral sacroiliac joint and along the low back. The physician documented that the injured worker was able to be independent with homemaking chores, and that she was attending a class

and volunteering. The treatment plan included medications (Dilaudid, Oxycodone IR, Robaxin, Valium, Cymbalta, Geodon, Colace and Senna). Pain management progress note of 4/6/15 notes that the injured worker has been using tizanidine 4 mg up to 5 tablets daily; robaxin was also noted to be continued. The documentation from the pain management physician on 2/9/15 and 4/6/15 notes that the injured worker was currently working. On 4/7/15, Utilization Review (UR) non-certified requests for zanaflex 4 mg #15 and robaxin 750 mg #240 with 5 refills, and modified requests for diazepam 5 mg #40 with 4 refills to #30, Cymbalta 60 mg #30 with 5 refills to #30, and Geodon 80 mg #30 with 5 refills to #30. UR cited the MTUS and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zanaflex 4mg quantity 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 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. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The documentation indicates that muscle relaxants have been prescribed for several years. Robaxin has been prescribed for at least three months. The progress note from April 2015 states that the injured worker had been using tizanidine up to 5 tablets daily; however, tizanidine had not been previously listed among prescribed medications. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. This injured worker has also been prescribed robaxin, another muscle relaxant, which is duplicative and potentially toxic. Due to length of use of muscle relaxants not in accordance with the guidelines, and potential for toxicity with prescription of two muscle relaxants, the request for tizanidine is not medically necessary.

#### **Robaxin 750mg quantity 240 with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 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. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. This injured worker has been prescribed muscle relaxants for years and robaxin for several months. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Robaxin's mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Side effects include drowsiness, dizziness, and lightheadedness. This injured worker has also been prescribed zanaflex, another muscle relaxant, which is duplicative and potentially toxic. Due to length of use not in accordance with the guidelines, and potential for toxicity due to prescription of two muscle relaxants, the request for robaxin is not medically necessary.

**Diazepam 5mg quantity 40 with four refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24, muscle relaxants p. 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

**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 MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has been prescribed valium for many months and possibly for years, for muscle spasm and for anxiety. The injured worker has also been prescribed opioids, which is not in accordance with the guidelines. Although the psychiatrist documented that valium had been discontinued in March, the documentation from the pain management physician notes continuation of valium. Due to length of use not in accordance with the guidelines, the request for valium is not medically necessary.

**Cymbalta 60mg quantity 30 with five refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

**Decision rationale:** This injured worker has diagnoses of anxiety, depression, and bipolar disorder. She was noted to have prior psychiatric hospitalization and is currently under the care of a psychiatrist. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor (SNRI) antidepressant which is FDA approved for treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The documentation notes that the injured worker was working, attending class, and volunteering. The most recent psychiatric note describes no behavioral problems or overt psychosis. The Utilization Review determination noted that continued use of Cymbalta is medically warranted but did not certify refills because the injured worker is seen monthly for follow-ups. The documentation did note that the injured worker had some issues obtaining medications consistently. As the injured worker is under the care of a psychiatrist as recommended by the guidelines with apparent successful treatment for depression with medication including cymbalta, and due to the need to continue this medication without interruption in treatment, the request for Cymbalta 60mg quantity 30 with five refills is medically necessary.

**Geodon 80mg quantity 30 with five refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: atypical antipsychotics and Other Medical Treatment Guidelines pdr.net: geodon.

**Decision rationale:** Geodon (ziprasidone) is an atypical antipsychotic indicated for the treatment of schizophrenia and bipolar disorder. The ODG states that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in the ODG. However, this injured worker has a diagnosis of bipolar disorder as well as depression; bipolar disorder is not addressed by the ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ACOEM also states that continuing an established course of antipsychotics is important. This injured worker is under the regular care of a psychiatrist, which is consistent with the guidelines. In this case, the injured worker was noted to be working, attending class, and volunteering. No acute psychotic symptoms were described in the most recent psychiatric progress note. The Utilization Review determination notes that the continuation of Geodon is indicated and reasonable, but the refills were not certified as the injured worker is seen monthly for follow-up. The documentation did note that the injured worker had some issues obtaining medications consistently. As the injured worker is under the care of a psychiatrist as recommended by the guidelines with apparent successful treatment for depression and bipolar disorder with

medication including Geodon, and due to the need to continue this medication without interruption in treatment, the request for Geodon 80mg quantity 30 with five refills is medically necessary.