

<b>Case Number:</b>	CM15-0076918		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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, Indiana, New York  
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 42 year old male injured worker suffered an industrial injury on 02/17/2010. The diagnoses included acute and chronic cervical radiculopathy, lumbosacral sprain with radicular symptoms and moderate right carpal tunnel syndrome. The diagnostics included electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications, and left shoulder arthroscopy. On 4/1/2015, the treating provider reported neck pain with radiating to the bilateral shoulders. He reported limited mobility to the left shoulder. The low back pain radiated to the legs and sleep disruption due to pain. The treatment plan included Tizanidine and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are L2 - L3, L3 - L4, L4 - L5 small disk herniations spinal and neural foramina stenosis; C3 - C4, C4 - C5, and C6 - C7 small moderate disc herniations; C5, C6, C7 chronic radiculopathy per neurodiagnostic studies; moderate right carpal tunnel syndrome; cervical sprain with radicular symptoms; left shoulder of chromium clavicular joint separation; lumbosacral sprain with radicular symptoms; and status post #2 prior left shoulder arthroscopies. Subjectively, according to an April 1, 2015 progress note, the injured worker has ongoing pain in the neck that radiates to the shoulders. The injured worker has low back pain that radiates to the left lower extremity and sleep difficulties secondary to pain. There is no documentation of anxiety or depression. Objectively, there is limited range of motion in the left shoulder, cervical spine and lumbar spine. The documentation shows the injured worker was taking Flexeril that was not effective prior to the April 1, 2015 progress note. It is unclear how long the injured worker was using Flexeril before being changed to Tizanidine 4mg on April 1, 2015. Muscle relaxants are recommended for short-term (less than two weeks) and for treatment of an acute exacerbation of chronic low back pain or acute back pain. There is no documentation of an acute exacerbation of chronic low back pain in the medical record. Additionally, the injured worker has been using Flexeril for an unknown period of time prior to the April 1, 2015 progress note. The treating provider exceeded the recommended guidelines for short-term (less than two weeks) use in continuing Tizanidine after the unknown duration of Flexeril. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use, Tizanidine 4mg #60 is not medically necessary.

**Trazodone 50mg #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 Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #30 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, In this case, the injured worker's working diagnoses are L2 - L3, L3 - L4, L4 - L5 small

disk herniations spinal and neural foramina stenosis; C3 - C4, C4 - C5, and C6 - C7 small moderate disc herniations; C5, C6, C7 chronic radiculopathy per neurodiagnostic studies; moderate right carpal tunnel syndrome; cervical sprain with radicular symptoms; left shoulder of chromium clavicular joint separation; lumbosacral sprain with radicular symptoms; and status post #2 prior left shoulder arthroscopies. Subjectively, according to an April 1, 2015 progress note, the injured worker has ongoing pain in the neck that radiates to the shoulders. The injured worker has low back pain that radiates to the left lower extremity and sleep difficulties secondary to pain. There is no documentation of anxiety or depression. Objectively, there is limited range of motion in the left shoulder, cervical spine and lumbar spine. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is no documentation in the medical record of coexisting depression or anxiety. The injured worker's sleep difficulties are secondary to pain. Consequently, absent compelling clinical documentation with coexisting anxiety and depression, Trazodone 50 mg #30 is not medically necessary.