

Case Number:	CM13-0012065		
Date Assigned:	09/30/2013	Date of Injury:	05/14/2009
Decision Date:	01/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male who reported an injury on 05/14/2009 when he was lifting a large box of toilet paper and subsequently felt a pop in his left shoulder. The patient has been seen several times for complaints of left shoulder pain that is consistently at a 7/10 on the pain scale. The pain reportedly has increased after the patient was involved in a motor vehicle accident in 07/2013 in which he was hit from behind by another driver. The patient describes having spasms in the left shoulder as well as intermittent numbness and tingling. The patient has utilized a TENS unit for pain relief; however, there is no documentation stating the efficacy of this conservative treatment. The patient also states that he has difficulty sleeping without use of his medication, trazodone. The patient has also undergone sessions of psychotherapy incorporating cognitive behavioral mood and pain management techniques due to his diagnosis of major depressive disorder. The physician is now requesting Flexeril 7.5 mg, trazodone 50 mg, Prilosec 20 mg, and Dendracin lotion 120 mL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 41.

Decision rationale: Under California MTUS Guidelines it states that cyclobenzaprine is recommended as an option using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As noted in the documentation, the patient has been utilizing Flexeril since at least 08/2012. However, the documentation provided for review fails to indicate the efficacy of this medication as it relates to the patient's pain relief. Throughout the documentation it notes that the patient's pain has been consistent at 7/10 regardless of the medication use. Without objective measurements to indicate the efficacy of the requested medication, the request cannot be warranted without knowing if the patient is actually receiving benefit from taking it. Therefore, the requested service cannot be warranted.

Trazodone 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: Under California MTUS Guidelines it states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. In patients with neuropathic pain, California MTUS Guidelines recommends tricyclic antidepressants as a first line option, especially if pain is accompanied by insomnia, anxiety, or depression. The patient has stated that his sleep is improved with the use of trazodone; however, the documentation fails to provide sufficient objective information pertaining to the efficacy of the use of this medication. The patient has been diagnosed with depression; however there is no documentation to provide sufficient evidence that the medication is effective in treating this patient. Therefore, at this time, the requested service cannot be warranted.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Under California MTUS Guidelines it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of either a proton pump inhibitor such as omeprazole or misoprostol. The most recent clinical

documentation is dated 08/30/2013, which was nearly 5 months prior to this review date. Therefore, it is unclear what the patient's current medication regime is at this time. Furthermore, the documentation does not indicate the patient has any form of gastrointestinal events currently occurring. Therefore, at this time due to the patient's current medication regime being unclear as well as his overall health status, the requested service is not considered medically necessary at this time.

Dendracin lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to California MTUS it states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient has been using Dendracin lotion since at least 06/2013; however, there are no objective measurements providing the efficacy of the use of this medication. The patient has consistently rated his pain as a 7/10 and with no clear indication that the pain medications (oral or topical) have had any significant effect on reducing his pain. Therefore, at this time, the requested service cannot be warranted. As such, the requested service is non-certified.