

Case Number:	CM13-0015256		
Date Assigned:	12/11/2013	Date of Injury:	08/10/2010
Decision Date:	02/18/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain associate with an industrial injury that took place on August 10, 2010. Thus far, the applicant has been treated with analgesic medications; an MRI of the shoulder on October 6, 2010, notable for degenerative changes, possible labral derangement, and tendinosis of uncertain clinical significance; an MRI of the cervical spine on November 29, 2010, notable for multilevel spinal stenosis and neural foraminal narrowing; a TENS unit; right shoulder surgery on December 14, 2011; extensive periods of time off of work on temporary total disability; a cane; lumbar epidural steroid injection therapy; and work restrictions. It is unclear whether the applicant has failed to return to work owing to medical issues, mental issues, or a combination of the two. A clinical progress note from September 4, 2013 states that the applicant presents with chronic neck and shoulder pain. He has a history of diabetes, hypertension, and coronary artery disease status post coronary artery bypass grafting in 2000. His blood pressure is elevated to 170/70. 5/5 left upper extremity strength is noted versus 4+/5 right upper extremity strength. The applicant is asked to continue medications and return to part-time modified work with a rather proscriptive 5-poung lifting limitation in place; this restriction is unchanged as of October 2, 2013. According to a note dated September 9, 2013, the applicant returned to work on March 21, 2013. The applicant has a long-standing history of depressive symptoms and issues. He remains frustrated from a psychological perspective. He is given a 21% whole-person impairment rating. –

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 30 Trazodone 100mg with four refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 15, pharmacotherapy with antidepressant medications often takes weeks to exert maximal effect. In this case, it appears that the depressive symptoms have abated somewhat since introduction of Trazodone, an atypical antidepressant. The applicant has returned to some form of work, admittedly on a part-time basis. Thus, continuing Trazodone does appear to be indicated given the improvement in mood and successful return to work, seemingly caused by prior usage of this medication. Therefore, the request is certified.

The request for 60 Skelaxin 800mg with two refills: 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.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in those applicants with chronic low back pain issues. In this case, however, the attending provider states that he intends for the applicant to use this medication on a chronic, long-term basis. This is not supported by the MTUS, particularly in light of the fact that the applicant is using numerous other analgesic agents, including Norco. Adding Skelaxin on a sustained basis is not medically necessary, and the request is non-certified.