

Case Number:	CM13-0021531		
Date Assigned:	11/13/2013	Date of Injury:	10/17/2007
Decision Date:	02/19/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

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 has filed a claim for chronic bilateral shoulder and neck pain reportedly associated with an industrial injury of October 17, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; psychotropic medications; and the apparent imposition of permanent work restrictions which have resulted in the applicant being removed from the workplace. An earlier note of August 2, 2013 is notable for comments that the applicant is a former caregiver. She reportedly has issues with reflex sympathetic dystrophy (RSD). She is status post multiple stellate ganglion blocks and wrist surgery. She is currently not working. She reports pain which ranges from 6-8/10. She is on Cymbalta, Flexeril, Nasonex, Voltaren, Claritin, Depakote, Imitrex, Motrin, OxyContin, Desyrel, Neurontin, and phentermine. She is obese and anxious with a BMI of 37. It is stated that there are issues with somatization and symptomatic amplification. The applicant has issues with insomnia. It is stated that she is using medications such as OxyContin without any perceived improvement. She is given Cymbalta for musculoskeletal pain, Neurontin for neuropathic pain, Flexeril for muscle spasms, Voltaren for joint pain, and Desyrel for insomnia. It is then stated that gabapentin does not appear to be helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 #90: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified.

Voltaren gel: 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): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the relief of small joint arthritis which lends itself toward topical treatment or topical application. In this case, there is no evidence that the applicant in fact carries a diagnosis of small joint arthritis for which topical application of Voltaren would be indicated. It is further noted that, as with the many other medications, that the applicant has failed to effect any lasting benefit or functional improvement as defined by the parameters established in MTUS 9792.20f through prior usage of Voltaren. The applicant has failed to return to work. There is no evidence of progressively diminishing work restrictions, improved performance of activities of daily living, and/or diminished reliance on medical treatment effected as a result of prior Voltaren gel usage. Accordingly, the request is not certified.

Trazodone 100mg #60: 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 and Stress Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Insomnia Treatment

Decision rationale: In this case, the applicant is described as having ongoing issues with depression and insomnia. As noted in the MTUS-Adopted ACOEM Guidelines in chapter 15, antidepressants often take weeks to exert their maximal effect. In this case, the applicant does have ongoing issues with depression and insomnia which do seemingly support ongoing usage of trazodone or Desyrel, particularly as the ODG mental illness and stress chapter does support usage of sedating antidepressants such as trazodone to treat those individuals with insomnia and

depression. The applicant does have concomitant depression and insomnia. Trazodone therefore appears to be an appropriate choice here. Accordingly, the request is certified.