

Case Number:	CM13-0024264		
Date Assigned:	11/20/2013	Date of Injury:	12/01/2010
Decision Date:	03/26/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient has a date of birth [REDACTED] and a date of injury of 12/1/2010 after a 15 feet fall of a deck at work. His injuries include closed fracture of multiple ribs, left side, healed; closed fracture of the left scapula, healed, closed dislocation of acromioclavicular joint, status post distal clavicle resection surgery; contusion of head.; history of arthroscopic shoulder surgery; open scalp laceration now resolved.; strain of the lumbar region; strain of the thoracic region; strain of the neck; strain of the leg- now resolved, with contusion of hip and strain of hamstring-improved. Under consideration is a request for 1 pain management consultation for cervical and lumbar spine, 1 prescription of Trazodone 50 mg #30, 1 prescription of Flexeril 10 mg #90. His symptoms include low back and right leg pain secondary to spondylolisthesis. His recent diagnoses also include lumbosacral radiculitis, myofascial pain syndrome, and cervicalgia. There is an 8/12/13 primary treating physician progress report which states that the patient has complaints in the spinal region along with symptoms into the upper and lower extremities. The patient was complaining of left rib pain and left shoulder stiffness, catching, and weakness. The patient was complaining of anxiety, stress, depression, sleep problems and sexual dysfunction. On physical exam axial compression caused symptoms into the upper extremities. Impingement is positive for the left shoulder. Drop-arm test was positive for the left shoulder. There is limited cervical spine and lumbar spine active range of motion with end range pain. Diagnosis includes Exacerbation of Cervical Spine Sprain/Strain with myofascitis, exacerbation Of Thoracic Spine Sprain/Strain w/myofascitis, cervical Spine Radiculitis with Disc Injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management consultation for cervical and lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: Pain management consultation for cervical lumbar spine is medically necessary per the MTUS and ODG guidelines. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not indicate that the patient has recently seen a pain management specialist. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. Documentation reveals the patient has an exacerbation of cervical pain and lumbar pain. Although patient has had relief from spine injections in 2012, a pain management consultation is not necessarily a recommendation for spinal injections. . It is medically appropriate to send the patient to a pain management consultant.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

Decision rationale: Trazodone 50mg #30 is not medically necessary. The ACOEM states that antidepressants may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. The ODG states that Trazodone is recommended as an option for insomnia only for patients with potentially coexisting symptoms such as anxiety and depression. The documentation submitted reveals that this patient has been on Trazodone since 11/20/12. The patient still has complaints of insomnia despite being on Trazodone. The request for continued Trazodone is not medically necessary or appropriate.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril®), Antispasmodics Page(s): 41,42, 63-64.

Decision rationale: Flexeril 10mg #90 is not medically necessary per MTUS guidelines. The MTUS does not recommend this medication to be used longer than 2-3 weeks. From documentation submitted patient has been on this medication since 10/18/12 which exceeds the 2-3 week recommended time limit. Flexeril 10mg #90 is not medically necessary or appropriate.