

Case Number:	CM13-0067605		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2009
Decision Date:	05/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Physical Medical and Rehabilitation 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 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/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 55 year old male who was injured on 04/14/2009. The mechanism of injury is unknown. Prior treatment history has included TENS unit. Medications are as follows: 05/10/2013, 07/05/2013: Lexapro 10 mg, Lyrica 50 mg, Ultram 50 mg, Trazadone 100 mg, Ultram Er 300 mg, Lidoderm 5% patch. 08/23/2013 Lexapro 10 mg, Lyrica 50 mg, Ultram 50 mg, Trazadone 100 mg, Ultram Er 300 mg, Lidoderm 5% patch, Flexeril 5 mg. Diagnostic studies reviewed include a negative urine drug screen dated 05/10/2013. Progress note dated 12/13/2013 documented the patient to have complaints of right elbow pain. He was taking his medications as prescribed. He states that medications were working well. He reported no side effects. Objective findings on exam included examination of the right elbow revealed no erythema, swelling, ecchymosis, incision or drainage. No limitation was noted in flexion, extension, pronation or supination. Tenderness was noted over the lateral epicondyle. Tinel's sign was negative. Examination of the left elbow revealed no swelling, ecchymosis, incision or drainage. No limitation was noted in flexion, extension, pronation or supination. Tenderness was noted over the lateral epicondyle and medial epicondyle. Tinel's sign was negative. He was diagnosed with elbow pain and extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 100MG, TABLETS, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Trazodone Desyrel.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, this patient has chronic bilateral elbow pain and has been diagnosed with elbow pain and extremity pain. There is no documentation that the patient has been diagnosed with depression or anxiety. Additionally, the provider has requested trazodone for insomnia; however, ODG indicates there is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. Thus, the criteria for Trazodone 100mg, tablets, #60 is not medically necessary and appropriate.

LYRICA 50MG, CAPLETS, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 - 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN LYRICA NO GENERIC AVAILABLE Page(s): 19-20.

Decision rationale: As per Chronic Pain Medical Treatment guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It is also FDA approved for treatment for generalized anxiety disorder and social anxiety disorder. In this case, this patient has chronic bilateral elbow pain and has been diagnosed with elbow pain and extremity pain. There is no documentation that the patient has been diagnosed with diabetic neuropathy, postherpetic neuralgia, or anxiety disorder. Thus, the medical necessity has not been established therefore the request is not medically necessary and appropriate.

FLEXERIL 5MG TABLETS, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), AMRIX FEXMID, GENERIC AVAILABLE Page(s): 64.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy for decrease muscle spasm. This medication is not recommended for chronic use. In this case, this patient has chronic bilateral elbow pain. The most recent progress reports do not document findings of muscle spasm on physical exam. Also,

this patient has been prescribed this medication since October 2013 guidelines do not recommend to be used for longer than 2-3 weeks. Thus, the medical necessity has not been established therefore the request for Flexeril 5mg tablets, #60 is not medically necessary and appropriate.