

Case Number:	CM14-0003288		
Date Assigned:	01/31/2014	Date of Injury:	02/02/2010
Decision Date:	07/16/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/09/2014

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 Medicine & Rehabilitation 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 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 injured worker is a 48-year-old male who reported an injury on 02/02/2010. The mechanism of injury was not provided for review. The injured worker's treatment history included a right carpal tunnel release in 06/2010, left carpal tunnel release in 08/2010, physical therapy, chiropractic care, radiofrequency ablation, elbow surgery and multiple medications. The injured worker was evaluated on 12/24/2013. The physical findings included limited range of motion of the lumbar spine, limited range of motion of the cervical spine, tenderness to palpation of the right lateral epicondyle and left lateral epicondyle. The injured worker's medications included Pristiq 50 mg, Norco 10/325 mg, Trazodone 50 mg, Colace 100 mg, Senokot 8.6/50 mg, Lyrica 150 mg and Viagra 100 mg. The injured worker's diagnoses included cervical pain, cervical radiculopathy, elbow pain, neuropathy entrapment, carpal tunnel syndrome, shoulder pain, lateral epicondylitis and wrist pain. The injured worker's treatment plan included cervical fusion surgery, cognitive behavioral therapy, Flexeril to decrease myofascial tension and spastic pain and Trazodone to assist with uninterrupted sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments.

Decision rationale: The requested Trazodone 50 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least 6 months. It is noted that the injured worker received improved sleep duration as a result of using this medication. However, the Official Disability Guidelines do not support the long-term use of Trazodone. It is only recommended for short durations of treatment. As the patient has already been on this medication for an extended duration, continued use would not be supported. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Trazodone 50 mg #30 is not medically necessary or appropriate.

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least 6 months. The California Medical Treatment Utilization Schedule only recommends a short duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. As the injured worker has been on this medication for an extended duration of time, and there are no exceptional factors noted to extend treatment beyond guideline recommendations, further use of this medication would not be supported. Furthermore, the request as it is submitted does not address a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 10 mg #30 is not medically necessary or appropriate.