

Case Number:	CM14-0100351		
Date Assigned:	07/30/2014	Date of Injury:	04/08/2002
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 52 year old male who sustained an injury on 04/08/02 when he was involved in a motor vehicle accident. The injured worker sustained injuries to the neck, head, back and foot. The injured worker had been followed for ongoing chronic headaches as well as problems with hypertrophic scarring on the forehead due to a laceration. Prior treatment has included trigger point injections as well as corticosteroid injections. The injured worker's medication history had included Cymbalta, Norflex, Tramadol and Trazodone. The injured worker had been recommended for a functional restoration program in the past. As of 05/07/14, the injured worker reported continuing complaints of pain 5-6/10 in severity. The injured worker had been utilizing Cymbalta with discontinuation of tramadol. The injured worker reported persistent low back pain that was aggravated by walking long distance or sitting prolonged periods of time. The injured worker was utilizing Trazodone at night and norflex ER as needed for muscle spasms. On physical examination no specific findings were noted. Trazodone, Cymbalta and Norflex were continued at this evaluation. Norflex was discontinued on 05/14/14 and was replaced by cyclobenzaprine. The clinical report dated 06/18/14 noted the injured worker had persistent complaints of neck pain radiating to the right upper extremity. On physical examination there was intact strength in the upper and lower extremities. There was no muscular spasm identified. Trazodone was continued at this evaluation. Other medications listed included cyclobenzaprine and Cymbalta. The requested cyclobenzaprine 10 mg #60, Norflex ER 100 mg #90 and Trazodone 50 mg #30 were all denied by utilization review on 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine, 10mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication.

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In review of the clinical documentation submitted, the clinical records indicated that Norflex was discontinued on 05/14/14 in favor of cyclobenzaprine. The use of multiple muscle relaxers would not be supported by current literature. Given that there was clinical indications regarding discontinuation of this medication, this reviewer would not have recommended the request as medically necessary.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

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 TREATMENT

Decision rationale: In review of the clinical documentation submitted, the injured worker was utilizing Trazodone at night. This sedating antidepressant can be utilized to treat insomnia on a longer term basis than other medications such as Ambien or Lunesta. The clinical

documentation submitted for review did not clearly identify what if any sleep benefits were being obtained with the use of this medication that would support its continuing prescription. Given the lack of any documented objective evidence regarding the efficacy of this medication such as insomnia index scoring, it is this reviewer's opinion that the requested medication was not medically necessary.