

<b>Case Number:</b>	CM14-0010078		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/04/1993
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 injured worker is a 70-year-old female with a reported date of injury of 01/04/1993. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with a flare up of axial neck pain, migraine headaches, and right knee pain. Upon physical examination, the injured worker's cervical range of motion revealed forward flexion to 35 degrees, right and left lateral flexion to 35 degrees, hyperextension to 45 degrees, right lateral rotation to 40 degrees, and left lateral rotation to 35 degrees. The lumbosacral range of motion revealed flexion to 60 degrees, hyperextension to 25 degrees, lateral bending bilaterally to 25 degrees. The documentation showed evidence of use for Celebrex and Soma prior to 07/18/2013. On 02/28/2014, it was noted that the injured worker should continue with conservative treatment to include a home exercise program, moist heat, and stretches. The injured worker's diagnoses included total knee replacement, cervical myofascial pain syndrome, migraine, chronic pain, and facet arthropathy. The medications included Percocet, Soma, Tylenol with Codeine, and Celebrex. The Request for Authorization for Trazodone HCl 50mg times 60 with 2 refills, Celebrex 200mg times 30 with 2 refills, and Soma 350mg times 60 with 2 refills was submitted on 01/16/2014. In addition, it was noted that the physician stated he wanted to continue the injured worker's current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG X 60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** According to the California MTUS Guidelines, Soma is not recommended. Soma is not indicated for long term use. The documentation dated 07/18/2013 indicated that Soma has been utilized prior to 07/18/2013. The MTUS guidelines do not recommend Soma for long term use. In addition, the request as submitted failed to provide frequency for use of Soma. The request to continue the utilization of Soma exceeds recommended MTUS guidelines. Therefore, the request for Soma 350mg x 60 with 2 refills is non-certified.

**CELEBREX 200 MG X 30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) with caution. All NSAIDs have an associated risk of adverse cardiovascular events, including myocardial infarction (MI), stroke, and the onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. According to the documentation provided for review, the injured worker has been utilizing Celebrex prior to 07/18/2013. There is a lack of documentation related to the injured worker's functional deficits and therapeutic effect of Celebrex. In addition, the request as submitted failed to provide frequency for use with Celebrex. Therefore, the request for Celebrex 200mg times 30 with 2 refills is non-certified.

**TRAZODONE HCL 50 MG X 60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment effectiveness should include not only pain outcomes, but also an evaluation of functional, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is

recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least four weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6 to 12 weeks). It has been suggested that if pain is in remission for 3 to 6 months, gradual tapering of antidepressants may be undertaken. According to the documentation provided for review, the injured worker has been utilizing Trazodone prior to 07/18/2013. There is a lack of documentation related to pain outcomes, increased functional ability, and changes in use of other analgesic medication related to the utilization of Trazodone. In addition, the request as submitted failed to provide frequency for use of Trazodone. Therefore, the request for Trazodone HCl 50mg times 60 with 2 refills is non-certified.