

Case Number:	CM14-0012660		
Date Assigned:	02/21/2014	Date of Injury:	05/03/2010
Decision Date:	08/05/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 44-year-old female who has submitted a claim for neck sprain and strain associated with an industrial injury date of May 3, 2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain, left upper extremity pain rated 7/10 on the VAS scale with use of medications. She reports she continues to have constant headaches located on the right temporal side radiating to her occipital region and down to the right side of her neck. Patient also reports a history of sleep disturbances. Upon examination, range of motion of left shoulder is limited and with pain. The left acromioclavicular joint is tender to palpation. Weakness of the muscles of the left rotator cuff is noted on strength testing. The patient ambulates without assistance. Treatment to date has included oral analgesics and antidepressants. Utilization review from January 20, 2014 denied the request for Trazodone 50mg #90. This is to initiate weaning process because the guideline does not recommend long-term use of sleep aids or anti-depressants for sleep. ODG recommends trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety, both of which are absent in patient. The request for Cyclobenzaprine-Flexeril 7.5mg #90 was also denied. There was no documentation of improvement or significant symptom relief. Prolonged use of the drug is also not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZADONE 50MG #90 SIG: TAKE 1 AT NIGHT ANTIDEPRESSANT/SLEEP QTY: 90.00: Upheld

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

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 & Stress Chapter, Trazodone.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In this case, the patient has been on this medication as far back as November 2013. However, she still complains of poor sleep quality despite use of this medication. There is also no description of the patient's sleep hygiene, or of any co-existing depression or anxiety symptoms. The medical necessity for continued use of this medication has not been established. Therefore, the request for TRAZADONE 50MG #90 SIG: TAKE 1 AT NIGHT ANTIDEPRESSANT/SLEEP QTY: 90.00 is not medically necessary.

CYCLOBENZAPRINE-FLEXERIL 7.5MG #90 SIG: 1 AT HS QTY: 90.00: Upheld

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

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of cyclobenzaprine to other agents is not recommended. In this case, patient was started on Flexeril on November 2013. However there was no objective evidence of overall pain and functional improvement from its use. The guideline does not recommend prolonged use of this medication. Moreover, acute exacerbation and muscle spasms were not evident in the physical examination findings. There was no compelling rationale concerning the need for variance from the guideline. Therefore, CYCLOBENZAPRINE-FLEXERIL 7.5MG #90 SIG: 1 AT HS QTY: 90.00 is not medically necessary.