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| Case Number: | CM14-0019025 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 02/03/2002 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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:

Pain medicine note dated 01/30/2014 indicates the patient complains of increased low back pain. He completed the lumbar MRI. The patient inquires about a long-term treatment plan. The patient's pain is constant which he rates at 5-9/10 in intensity. He indicates his pain is decreased by medication. He is taking Cyclobenzaprine hydrochloride, Roxicodone, and Trazodone hydrochloride. On exam, there are no bony or joint abnormalities. He utilizes a cane for support. There is tenderness to palpation of the lumbar paraspinous area and decreased range of motion flexion. He is alert and oriented x3 and follows commands. Diagnoses are spinal stenosis, lumbalgia, lumbosacral spondylosis, spinal stenosis lumbar region, and spasm muscle. Pain medicine report dated 03/20/2014 reports the medications are helping without any adverse side effects. He is pleased to report that with use of the Trazodone, the patient is able to sleep 6 hours nightly. He wakes up in the morning feeling well rested. He rates his pain at 5-8/10 and constant in nature. On exam, there are no bony or joint abnormalities. He uses a cane for support. He is tender to palpation over the lumbar paraspinous muscles and has decreased flexion range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR TRAZADONE 50MG #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-14.

Decision rationale: According to the Official Disability Guidelines (ODG) and CA MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The patient does not have neuropathic pain. According to ODG, Trazodone is one of the most commonly prescribed agents for insomnia. Sedating antidepressants, such as Trazodone, have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. However, there is no documentation of insomnia or depression, only mention of more restful sleep on Trazodone. Medical necessity has not been established.

PRESCRIPTION FOR CYCLOBENZAPRINE 10MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41, 64.

Decision rationale: According to CA MTUS, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records do not document the presence of muscle spasm on examination, and do not establish the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, chronic use of muscle relaxants is not recommended by the guidelines. Consequently, Cyclobenzaprine is not medically necessary.

PRESCRIPTION FOR NAPRELAN 375MG #30 WITH 1 REFILL: 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 (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

Decision rationale: According to the CA MTUS guidelines, NSAIDS should be recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend one drug in this class over another based on efficacy. The patient's examination findings are reported as tenderness in the lumbar region. The medical records do not establish significant pain reduction or increase in function attributable to use of this medication. Medical necessity has not been established.

