

<b>Case Number:</b>	CM14-0131083		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 52 year old male was reportedly injured on February 1, 2013. The mechanism of injury is noted as loading a pallet and fell onto his right knee and leg injuring his right hip and knee and leg. The most recent progress note, dated August 29, 2014, indicates that there are ongoing complaints of low back and right knee pain. The physical examination demonstrated tenderness to palpation, an antalgic gait pattern, a decreased range of motion of the right knee in lumbar spine and that there was no change subsequent to the prior visit. Diagnostic imaging studies objectified severe, tricompartmental degenerative joint disease involving the right hip. A medial meniscus tear was noted in the right knee. Previous treatment includes multiple medications, physical therapy, and other pain management interventions. A request was made for Cyclobenzaprine and Trazodone and was not certified in the preauthorization process on August 15, 2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride tablets 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41,64.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain, but advises against long term use. There are no long term studies supporting the use and this is not indicated for chronic or indefinite use. Furthermore, when noting the physical examination reported there is no clear indication of any efficacy or utility with the use of this medication. Given the claimant's date of injury and the current clinical presentation, the guidelines do not support this request for chronic pain. As such, the request of Cyclobenzaprine Hydrochloride 10mg #60 is not medically necessary and appropriate.

**Trazadone HCL 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Sedating antidepressants:

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain: Medical Measures; Medications- Antidepressants (Electronically Cited)

**Decision rationale:** Trazodone (Desyrel) is an antidepressant classified as a serotonin antagonist and reuptake inhibitor (SARI) with antianxiety and sleep inducing effects. MTUS/ACOEM practice guidelines do not support Trazodone for treatment of chronic persistent pain without depression. Review of the available medical records, fails to document a diagnosis of depression. As such, this request of Trazodone HCL 50mg #60 is not medically necessary and appropriate.