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| <b>Case Number:</b>   | CM14-0148102 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 06/18/2007 |
| <b>Decision Date:</b> | 12/30/2014   | <b>UR Denial Date:</b>       | 09/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/12/2014 |

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 57-year-old female with a 6/18/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 8/18/14 noted subjective complaints of neck pain and lower back pain. Objective findings included restricted ROM of the cervical spine and paraspinal tenderness. Diagnostic Impression: neck strain. Treatment to Date: medication management and physical therapy. A UR decision dated 9/4/14 modified the request for Trazodone 100 mg #30, 2 refills, certifying Trazodone 100 mg #30, with no refill. There is no documentation of failure of first-line agents and partial certification is allowed for weaning purposes only. It also modified Flexeril 10 mg #90, certifying 10 mg #20. While there is documentation of pain complaint, there is no documentation of spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100 mg #30, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**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 and Stress Chapter - Trazodone

**Decision rationale:** CA MTUS does not specifically address Trazodone. 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. However, in the documents available for review, there is no mention of a psychiatric condition such as depression or anxiety. Additionally, there is no diagnosis of fibromyalgia or insomnia. There is no clear documentation of benefit obtained from the use of Trazodone. Therefore, the request for Trazodone 100 mg #30, 3 refills is not medically necessary.

**Flexeril:** 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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given a 2007 original date of injury, it is unclear how long the patient has been taking Flexeril. Guidelines do not recommend the chronic use of muscle relaxants, especially in the absence of clear documentation of objective functional benefit. In addition, there is no mention of acute interval muscular exacerbation to warrant the continued use of Flexeril. Therefore, the request for Flexeril is not medically necessary.