

<b>Case Number:</b>	CM14-0152384		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 and 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 injured worker is a 51-year-old female who reported an injury on 08/09/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included upper lumbar pain, mid and left sided thoracic pain, left shoulder pain, neck pain, and low back pain. The previous treatments included medication. The diagnostic testing included an MRI. Within the clinical note dated 08/19/2014 it was reported the injured worker complained of persistent pain in the low back and left shoulder. The medication regimen included Norco, Duragesic patch, Relafen, Trazodone, and Colace. Upon the physical examination the provider noted the left shoulder range of motion was reaching just past 90 degrees. The provider requested trazodone and Relafen. However, a rationale was not submitted for clinical review. The request for authorization was submitted and dated 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1Retrospective request of trazodone 100mg #120 DOS 8/19/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The Retrospective request of Trazodone 100 mg #120 DOS 8/19/2014) is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The provider failed to document adequate and completed pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**1 Retrospective request for relafen 750mg #120 DOS 8/19/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

**Decision rationale:** The Retrospective request for Relafen 750 mg #120 DOS 8/19/2014) is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.