

Case Number:	CM14-0156834		
Date Assigned:	09/26/2014	Date of Injury:	03/21/2005
Decision Date:	11/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

This patient's underlying date of injury is 3/21/2005. The date of the initial Utilization Review under appeal is 9/2/2014. The patient's treating diagnoses is cervical disc disease. On 8/22/2014 the patient was seen in primary treating physician followup. The patient's pain was noted to be unchanged. The quality of the patient's sleep was poor. The patient reported that medications were working well. Medications included trazodone at bedtime, gabapentin 800 mg 3 times a day, baclofen 10 mg 3 times a day, Levoxyl, Pristiq, Abilify, and Campral. The patient reported that acupuncture was doing well. The treating physician felt that the patient's medication and functional mobility were improved and that medication should be continued. Baclofen was used as needed for spasms to relax her muscles so she could go to work. Gabapentin was reducing numbness in the patient's arm, thus improving her mobility and function. The patient planned a trial to decrease to twice daily over the next month. Trazodone was continued for sleep disturbance due to her industrial injury. A prior physician review noted that previously physician review had recommended modification and tapering of gabapentin. That review also noted that the prior review had recommended tapering of baclofen and also noted that tramadol was indicated only for insomnia with coexisting psychiatric symptoms and that the patient was taking other medications for psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 Mg, #60 with 1 Refill: Overturned

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 Guidelines Antiepileptic Medications, Page(s): 18.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medications beginning on page 18 states that "This class of medications is indicated for neuropathic pain and that the medical records should document the fact of this and any side effects to support continued use. The medical records and documentation does support this information at this time. Currently a prior physician review had recommended weaning of this medication. However, the medical records do clearly document improvement in neuropathic pain symptoms and related function. This request is medically necessary.

Baclofen 10 Mg, #90 With 1 refill: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants discusses Baclofen on page 64. The guideline discusses this medication for central nervous system diagnoses. This patient does not have a central nervous system diagnosis for which Baclofen is recommended. This medication is not indicated for peripheral muscle spasm. Thus, overall this request is not medically necessary.

Trazodone 150 Mg, #30 With 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Mental &Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 16. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Chapter 6 Revised, page(s) 99

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antidepressants for chronic pain discusses tricyclic medications as a first-line agent. These guidelines do not specifically discuss trazodone as recommended for treatment of insomnia. ACOEM Guidelines for Chronic Pain, Chapter 6 Revised states California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chronic Pain, Chapter 6 Revised, page 99 additionally states that trazodone is strongly not recommended for treatment of chronic persistent pain without

depression. Overall, the medical records do not provide a rationale for utilizing trazodone in addition to other psychotropic medications. The medical records do not clearly discuss a benefit or indications for trazodone particularly beyond insomnia. Overall, the treatment guidelines do not support this request for the reported use specifically for insomnia. This request is not medically necessary.