

<b>Case Number:</b>	CM14-0156890		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 27 year old female with a 12/16/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/28/14 noted subjective complaints of persistent left upper extremity pain. Objective findings included left upper extremity swelling and tenderness to palpation of the ulnar side of the left wrist. Diagnostic Impression: left upper extremity CRPS, left wrist tendonitis Treatment to Date: medication management. A UR decision dated 9/2/14 denied the request for thirty tablets of trazodone 50 mg with 2 refills. The patient does not maintain a diagnosis of depression, anxiety, or insomnia. It also denied sixty tablets of Zanaflex 2 mg. There is no documentation of palpable muscle spasm or spasticity upon physical exam that would warrant the need for a muscle relaxant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirty (30) tablets of Trazodone 50mg with 2 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 (ODG)

**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 & stress chapter trazodone

**Decision rationale:** The 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, there is no documentation of depression, anxiety, fibromyalgia, or insomnia. There is no stated rationale for why the patient is being prescribed this medication. Therefore, the request for thirty (30) tablets of Trazodone 50 mg with 2 refills was not medically necessary.

**Sixty (60) tablets of Zanaflex 2mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states 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. Also there is no additional benefit shown 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 2013 date of injury, it is unclear how long the patient has been on Tizanidine. Muscle relaxants are not intended for low term use, due to decreasing efficacy and risk of dependence. Additionally, there is no documentation of spasticity. Therefore, the request for sixty (60) tablets of Zanaflex 2mg was not medically necessary.