

Case Number:	CM14-0166675		
Date Assigned:	10/13/2014	Date of Injury:	02/17/2009
Decision Date:	12/02/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, left shoulder, and bilateral wrist pain reportedly associated with an industrial injury of February 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a TENS unit; adjuvant medications; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 19, 2014, the claims administrator failed to approve request for Skelaxin and Trazodone (Desyrel). The applicant's attorney subsequently appealed. In a progress note dated August 25, 2014, the applicant reported ongoing complaints of neck pain, low back pain, left shoulder pain, and bilateral wrist pain, 7/10. The applicant's medications included Desyrel, Cymbalta, Neurontin, Skelaxin, and Vicodin. The applicant stated that his pain complaints had increased despite heightened usage of Vicodin at a rate of five tablets daily. Multiple medications were refilled. The applicant was kept off of work, on total temporary disability. The applicant was asked to consult a neurosurgeon to consider cervical spine surgery. The attending provider stated that the applicant's medications were allowing him to participate in activities of daily living, but did not expound on the same. In an earlier note dated July 28, 2014, the applicant was kept off of work, on total temporary disability. The applicant again stated that the applicant's medications including Trazodone, Cymbalta, Neurontin, Skelaxin, and Vicodin were diminishing the applicant's pain complaints and facilitating some performance of activities of daily living. This was not elaborated or expounded upon, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg take 1-2 at bedtime as needed #60: 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 Antidepressants for Chronic Pain topic Page(s): 137.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as Trazodone are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing usage of Trazodone. Ongoing usage of Trazodone has failed to curtail or diminish the applicant's consumption of opioid agents such as Vicodin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Trazodone. The attending provider has failed to elaborate or expound on improvements in function achieved as a result of ongoing Trazodone usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing use of Trazodone. Therefore, the request is not medically necessary.

Skelaxin 800mg take 1 4x day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; regarding Melaxalone (Skelaxin)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Skelaxin are recommended with caution as a second line option for short term treatment of acute exacerbations of chronic low back pain. In this case, however, the 60-tablet supply proposed implies chronic, long-term, and scheduled usage of Skelaxin. Such usage runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.