

Case Number:	CM14-0175918		
Date Assigned:	10/29/2014	Date of Injury:	06/29/2010
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 & Rehabilitation, has a subspecialty in 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 54-year-old female who sustained an injury on 6/29/10. As per 10/24/14 report, she presented with bilateral lower neck pain, right worse than left, radiating into the bilateral shoulder and scapular pain. Examination revealed restricted cervical ROM due to pain in all directions, tenderness of the bilateral cervical paraspinal muscles overlying the bilateral C4 to T1 facet joints, left worse than right and lower worse than upper, extension worse than flexion, positive cervical facet joint provocative maneuvers, and cervical muscle spasms. She is currently on dexamethasone, Trazodone, HCTZ, Percocet, Soma, Lidoderm patch, anti-nausea medication secondary to chemotherapy, Megace, Ativan, and Zoloft. Oxycodone was denied for a while; it provides 50% improvement of her pain with 50% improvement of her ADLs such as self-care and dressing. Trazodone is necessary to treat her insomnia secondary to chronic pain; it provides 3 additional hours of sleep per night with improvement of her ADLs. She has failed OTC sleep medications. Skelaxin provides 50% improvement of her spasms with 50% improvement of her ADLs. She is on an up-to-date pain contract and her previous UDS was consistent with no aberrant behaviors. The provider submitted an appeal letter for oxycodone, Trazodone with 2 refills (3 refills initially was denied), and Skelaxin, following which the oxycodone and Skelaxin were non-certified and Trazodone with 2 refills was accepted. Diagnoses include insomnia secondary to chronic pain, bilateral cervical facet joint arthropathy, cervical degenerative disc disease, cervical sprain/strain, anxiety, depression, and hypertension. The request for Oxycodone 10/325mg #90 was modified to Oxycodone 10/325 mg #60, Trazodone 50mg #30 with 3 refills was modified to Trazodone 50 mg #30, and Skelaxin 800mg #60 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-97.

Decision rationale: According to CA MTUS guidelines, Oxycodone is a short acting Opioid is recommended for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is documentation of 50% improvement in pain level with prior use. However, it is not clear as to what amount of this medication (number and dosage of Oxycodone tablets) has provided the specified pain relief. While the medical necessity for Oxycodone 10/325mg has been established, the requested number (#90) is not medically necessary.

Trazodone 50mg #30 with 3 refills.: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the IW is noted to have insomnia and has been diagnosed with depression. Additionally, previous use has provided her with good night sleep with improvement in ADLs. Thus, the medical necessity of the request for Trazodone is medically necessary.

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin (Metaxalone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: Per guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most cases show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Skelaxin (Metaxalone) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the injury is no documentation of acute exacerbation. There is no evidence of failed first-line therapy. There is no documentation of regular stretching exercise as a treatment option for muscle spasm. Therefore, the request is considered not medically necessary in accordance to guidelines and based on the available medical records.