

Case Number:	CM14-0182242		
Date Assigned:	11/07/2014	Date of Injury:	06/22/2005
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57-year-old female with a date of injury of 06/22/2005. The listed diagnoses per [REDACTED] are: 1. Chronic musculoligamentous strain, cervical spine. 2. Disk protrusion, C5-C6, C6-C7 per MRI scan. 3. Left cubital tunnel syndrome. According to progress report 08/04/2014, the patient presents with increased left-sided neck pain and left shoulder pain. Treater states the patient is unable to utilize tramadol as it has recently caused hallucinations and sleep walking. Examination revealed decrease range of motion of the cervical spine and guarding was noted. Spurling's test is negative. Sensation was diminished on the right to the volar 4th and 5th digit on the left to the volar 3rd, 4th, and 5th digit. The patient's work status states remain off work until "permanent." Treater is requesting refill of medications. The medical file provided for review includes an appeal letter by [REDACTED] dated 10/21/2014, treatment report from 08/04/2014 and an additional progress report from 10/15/2014 that is dated after the utilization review. Utilization review denied the request for medications on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 8/8/14 Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: This patient presents with increase in left-sided neck pain and left shoulder pain. This is "retrospective for date of service 08/08/2014 cyclobenzaprine 10 mg #60." The MTUS Guidelines page 64 states that cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the two progress reports provided for review do not discuss this medication. Given that this is a request for #60, recommendation cannot be made as MTUS does not support muscle relaxants for long-term use. Recommendation is for denial.

Retrospective for date of service 8/8/14 Temazepam 30mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with increase in left-sided neck pain and left shoulder pain. This is a "retrospective for date of service 08/08/2014 temazepam 30 mg #15." The MTUS Guidelines page 24, chronic pain medical treatment guidelines, benzodiazepines do not support long-term use of this medication. Benzodiazepines are not recommended for more than 2 to 3 weeks of use. In this case, the two progress reports provided for review do not discuss this medication. There is no indication as to why this medication is prescribed. Given the lack of discussion regarding medical necessity, recommendation for use cannot be supported. Recommendation is for denial.

Retrospective for date of service 8/8/14 Trazodone 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13-17.

Decision rationale: This patient presents with increasing left-sided neck pain and left shoulder pain. This is a "retrospective for date of service 08/08/2014, trazodone 100 mg." Trazodone is classified as an antidepressant. The MTUS Guidelines on antidepressant page 13 to 17 states, "Recommended as first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. In this case, the two progress reports provided for review do not discuss this medication, nor are there any discussion regarding neuropathic pain, insomnia, or depression. Given the lack of documentation for medical necessity, recommendation for this medication cannot be made. Furthermore, the treater has not specified the recommended duration or dosing for this medication. Open-ended prescriptions cannot be supported. Recommendation is for denial.

Retrospective for date of service 8/8/14 Venlafaxine 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with increased left-sided neck pain and left shoulder pain. This is a request for "retrospective for date of service 08/08/2014 venlafaxine 75 mg #60." For antidepressants, the MTUS Guidelines page 13 to 15 states, "Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder, social phobias. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy." In this case, there is no discussion of neuropathic pain or depression. There is no rationale provided for this medication. The patient does not meet the indication of this medication and recommendation is for denial.