

Case Number:	CM14-0038109		
Date Assigned:	06/25/2014	Date of Injury:	09/29/2005
Decision Date:	07/31/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/01/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic shoulder, hand, and neck pain reportedly associated with an industrial injury of September 29, 2005. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and psychotropic medications. In a utilization review report dated February 28, 2014, the claims administrator partially certified a request for trazodone for weaning purposes, partially certified a request for Flexeril, also for weaning purposes, approved a request for Cymbalta, and partially certified Lyrica for weaning purposes. The claims administrator stated that the patient was using trazodone for insomnia and that usage of trazodone for this purpose was not FDA approved. The claims administrator denied the request for Lyrica or pregabalin on the grounds that the patient did not reportedly have fibromyalgia or neuropathic pain for which Lyrica would be indicated. The claims administrator did not, however, for the most part, incorporate cited guidelines into its rationale. The patient's attorney subsequently appealed. A November 7, 2013 progress note is notable for comments that the patient was reportedly doing well overall. The patient was placed off of work, on total temporary disability. The patient presented to obtain shoulder corticosteroid injection. Trazodone was endorsed for insomnia. Flexeril was endorsed for muscle spasms. Cymbalta and Lyrica were prescribed for neuropathic pain. The patient is a represented Fresno Surgery Center employee who has filed a claim for chronic shoulder, hand, and neck pain reportedly associated with an industrial injury of September 29, 2005. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and psychotropic medications. In a utilization review report dated February 28, 2014, the claims administrator partially certified a request for trazodone for weaning purposes, partially certified a request for Flexeril, also for

weaning purposes, approved a request for Cymbalta, and partially certified Lyrica for weaning purposes. The claims administrator stated that the patient was using trazodone for insomnia and that usage of trazodone for this purpose was not FDA approved. The claims administrator denied the request for Lyrica or pregabalin on the grounds that the patient did not reportedly have fibromyalgia or neuropathic pain for which Lyrica would be indicated. The claims administrator did not, however, for the most part, incorporate cited guidelines into its rationale. The patient's attorney subsequently appealed. A November 7, 2013 progress note is notable for comments that the patient was reportedly doing well overall. The patient was placed off of work, on total temporary disability. The patient presented to obtain shoulder corticosteroid injection. Trazodone was endorsed for insomnia. Flexeril was endorsed for muscle spasms. Cymbalta and Lyrica were prescribed for neuropathic pain. The patient was given shoulder corticosteroid injection and placed off of work, on total temporary disability, for an additional one year. On August 8, 2013, the patient was described as again reporting 5/10 multifocal pain, principally about the shoulder. The patient received a shoulder corticosteroid injection and was given prescriptions for trazodone, Flexeril, Cymbalta, and Lyrica. There were little or no comments on the presence of medication efficacy in either note.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZADONE 50 MG QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES , TREATMENT SECTION FOR PAIN UNDER THE HEADING INSOMNIA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Insomnia Treatment topic, Sedating Antidepressant section.

Decision rationale: While the MTUS does not specifically address the topic of trazodone, an atypical depressant, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. The ODG Chronic Pain Chapter, Insomnia Treatment topic does state that sedating antidepressants such as trazodone are some of the most commonly prescribed agents for insomnia. ODG endorses usage of trazodone for those patients with some combination of insomnia and/or depression. In this case, however, the claimant has been using trazodone for sometime. There has been no discussion of medication efficacy incorporated into the attending provider's choice of recommendations. The fact that the patient is off of work, on total temporary disability, implies that ongoing usage of trazodone has not been altogether effectual and further implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.

FLEXERIL 10 MG QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary.

CYMBALTA 60 MG QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANXIETY AND DEPRESSION Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 15, 7.

Decision rationale: While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the treatment of depression and anxiety and can be employed off-label for radiculopathy, in this case, this recommendation is qualified by comments 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 fact that the applicant is off of work, on total temporary disability, and remains highly reliant on various analgesic, adjuvant, and psychotropic medications, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Cymbalta. The attending provider has not posited or demonstrated how ongoing usage of Cymbalta has been beneficial here. Therefore, the request is not medically necessary.

LYRICA 200 MG QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROPATHY Page(s): 19, 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99, 7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is the first-line treatment for neuropathic pain, as is reportedly present here, this recommendation is qualified by comments made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact 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 usage of

numerous analgesic and adjuvant medications. The attending provider has not posited or stated how or if ongoing usage of Lyrica has been beneficial here. Therefore, the request is not medically necessary.