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| Case Number: | CM14-0056280 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 03/09/2012 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/09/2014 |
| Priority: | Standard | Application Received: | 04/25/2014 |

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:

The patient is a 38-year-old male who has submitted a claim for lumbar strain, cervical and thoracic sprain, left shoulder sprain, and myofascial pain with reactionary sleep disturbance; associated with an industrial injury date of 03/09/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of increased lumbar pain, graded 7/10, accompanied by sleep difficulties. Physical examination showed tenderness in the left paracervical muscles, left trapezius, and axial thoracic spine, lumbosacral spine, and lumbar paravertebral muscles. Range of motion of the cervical spine was limited. Upper and lower extremity reflexes were decreased bilaterally. Motor strength was normal. Sensation was intact. Treatment to date has included medications, acupuncture, chiropractic therapy, and physical therapy. Utilization review, dated 04/09/2014, denied the request for Trazodone because there was no documentation of ongoing efficacy with the continued use of this medication, and the patient was not diagnosed with depression; and denied the request for Menthoderm because the current medical records did not provide additional information in regards to the efficacy of longterm use of this medication to support continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #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, Mental Illness and Stress Chapter, Trazadone (Desyrel).

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: CA MTUS does not specifically address trazodone (Desyrel). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that 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 patient complains sleep disturbance at night, and it is necessary for him to sleep during the day in order to obtain rest. As stated on a qualified medical examination, dated 03/03/2014, the patient's sleep disturbance and anxiety predated his first industrial injury, while his depression followed the first industrial injury, and grew worse with each successive industrial injury. However, there was no documentation regarding formal evaluation of this patient's sleep problem and sleep hygiene that would support Trazodone use. Furthermore, other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone. Therefore, the request for TRAZODONE 50 MG, #30 is not medically necessary.

Menthoderm 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Salicylate topicals.

Decision rationale: Menthoderm contains menthol and methyl salicylate. As stated on page 111 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Page 105 states that while the guidelines referenced support the topical use of methyl salicylates. Regarding the menthol component, CA MTUS does not cite specific provisions, but the ODG states that the FDA issued an alert indicating that topical OTC pain relievers that contain menthol and/or methyl salicylate, may in rare instances cause serious burns. In this case, the patient was prescribed Menthoderm on December 2013. However, there were no documented failed trials with first-line antidepressants or anticonvulsants. Furthermore, the rationale of the request was not included in the medical records submitted. Therefore, the request for MENTHODERM 120GM #1 is not medically necessary.

