

Case Number:	CM14-0088765		
Date Assigned:	07/23/2014	Date of Injury:	09/29/2005
Decision Date:	10/09/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on September 29, 2005. After a thorough review of the medical records available, the mechanism of injury was not evident. The most recent progress note, dated June 8, 2014, indicates that there are ongoing complaints of left sided neck and shoulder pain. Current medications include trazodone, Flexeril, Cymbalta, and Lyrica. The physical examination demonstrated decreased range of motion of the cervical spine and upper extremities. Tight muscle bands were noted to be present along the neck and shoulders. There was tenderness across the neck and scapular region. Upper extremity strength was 5/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes trigger point injections. A request had been made for Flexeril, Cymbalta, and trazodone and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated June 8, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Flexeril is not medically necessary.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if tricyclic antidepressants are ineffective, poorly tolerated or contraindicated. Review of the available medical records does not indicate that the injured employee has any neuropathic signs or symptoms. As such, this request for Cymbalta is not medically necessary.

Trazodone 50 mg #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 (ODG), Treatment Index, 11th Edition (web), 2013, pain, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain - Clinical Measures - Medications: Antidepressants (electronically sited).

Decision rationale: Trazodone is an antidepressant classified as a serotonin antagonist reuptake inhibitor with anti-anxiety and sleep inducing activity. A review of the attached medical record does not indicate that there is a complaint or diagnoses of depression or difficulty sleeping. Considering this, the request for Trazodone is not medically necessary.