

Case Number:	CM14-0092533		
Date Assigned:	07/25/2014	Date of Injury:	02/25/2013
Decision Date:	10/01/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 Internal 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 an injured worker with a lumbar condition. Date of injury was 02-25-2013. Primary treating physician's report dated January 13, 2014 documented subjective complaints of chronic low back pain since her work injury on February 25, 2013. She was bent over putting some materials into a box when she suddenly felt low back pain. An MRI of the lumbar spine was done which revealed a lumbar disc at L5-S1 with radiculopathy. She suffers from anxiety and insomnia. Physical examination was documented. Cervical spine examination demonstrated normal cervical lordosis, no paracervical muscle tenderness or spasm noted. Cervical spine range of motion is 100% normal in all planes. Lumbar spine examination documented paralumbar muscle guarding. There is tenderness of the right sacroiliac joint. She has restricted range of motion of trunk. Patient is alert, able to follow simple commands, and speech is intact. Strength is 5/5 in the upper extremities. Diagnosis was lumbar disc disorder L5-S1. Treatment plan included physical therapy, transcutaneous nerve stimulator, Conzip, Trazodone, and Terocin topical cream. Progress report 1/17/14 documented that the patient is using Trazodone for sleep and a prescription for Lorzone. Progress report 5/12/14 documented a prescription for Lorzone and Trazodone. Utilization review determination date was 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 5mg #30 take once at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13,14. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. There has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Prescribing medication indefinitely will not work. Patients do better if medication is stopped after 6 weeks. The medical records present no documentation of comorbid depression, which is an ODG requirement for the use of Trazodone. Medical records document long-term use of Trazodone, which is not supported by ODG guidelines. Medical records and clinical practice do not support the use of Trazodone. Therefore, the request for Trazodone 5mg #30 take once at bedtime: is not medically necessary.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. There has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Prescribing medication indefinitely will not work. Patients do better if medication is stopped after 6 weeks. The medical records present no documentation of comorbid depression, which is an ODG requirement for the use of Trazodone. Medical records document long-term use of Trazodone, which is not supported by ODG guidelines. Medical records and clinical practice do not support the use of Trazodone. Therefore, the request for Trazodone 5mg #30 take once at bedtime: is not medically necessary.

Lorzone 375mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64,65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants ,Chlorzoxazone Page(s): 63-65, 65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxant drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone. FDA guidelines state that Lorzone (Chlorzoxazone) is indicated for acute musculoskeletal conditions. The mode of action of this drug has not been clearly identified. Chlorzoxazone does not directly relax tense skeletal muscles in man. Medical records indicate the long-term use of Lorzone, which is not recommended by MTUS, ACOEM, and FDA guidelines. The patient's occupational injuries are chronic, not acute. FDA guidelines state that Lorzone is indicated for acute, not chronic, conditions. MTUS, ACOEM, and FDA guidelines do not support the use of Lorzone. Therefore, the request for Lorzone 375mg #30: is not medically necessary.

