

Case Number:	CM14-0092966		
Date Assigned:	07/25/2014	Date of Injury:	09/26/2011
Decision Date:	09/08/2014	UR Denial Date:	06/01/2014
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 Physical Medicine and Rehabilitation 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 injured worker is a 52-year-old female who reported an injury on 09/26/2011. The mechanism of injury was not provided for clinical review. The diagnoses included closed head injury with concussion, cervical strain, left labyrinthine concussion, post-concussion syndrome, and left shoulder pain with partial ankylosis. Previous treatments included medication, and acupuncture. Within the clinical note dated 05/08/2014 it was reported the injured worker complained of head and neck pain. She rated the pain 8/10 in severity. She described the pain as numb, burning, and constant. Upon the physical examination, the provider noted the injured worker's neck had decreased painful range of motion with hypertonicity. The provider requested Trazodone, Meclizine, and Relafen. However, rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 25mg #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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Antidepressants for chronic pains Page(s): page(s) 13, 15.

Decision rationale: The request for Trazodone 25 mg #30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. The selective serotonin and norepinephrine reuptake inhibitors are FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The guidelines note it is used off label for neuropathic pain and radiculopathy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the injured worker's treated for or diagnosed with anxiety, depression, or diabetic neuropathy. Therefore, the request is not medically necessary.

Meclizine 12.5mg #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

Decision rationale: The request for Meclizine 12.5 mg #30 is not medically necessary. The Official Disability Guidelines do not recommend Meclizine, an anti-emetic for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below for FDA approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over 2 days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short term duration less than 4 weeks and have limited application to long term use. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Relafen 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Relafen 750 mg #30 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there was lack of documentation indicating the injured worker's straightforward diagnosed with osteoarthritis. Therefore, the request is not medically necessary.