

Case Number:	CM14-0130236		
Date Assigned:	08/20/2014	Date of Injury:	01/13/2012
Decision Date:	01/05/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 34-year-old female who has submitted a claim for neck sprain / strain, thoracic sprain / strain, and lumbar strain / sprain associated with an industrial injury date of 1/13/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of right knee pain with locking upon walking. She likewise had symptoms of depression and anxiety but she denied hallucination and suicidal thoughts. Intake of Norco provided pain relief and increased tolerance in walking and standing. Physical examination showed antalgic gait. She did not exhibit anxiety, confusion, tearfulness or suicidal ideation. Muscle tone was normal without atrophy of extremities. Treatment to date has included right ACL reconstruction on October 2010, right knee arthroscopy on October 2012, aquatic therapy, Norco and Trazodone (since at least March 2014), venlafaxine, and Norflex. Current treatment plan includes shifting of Norflex to Flexeril. The patient reported no improvement from venlafaxine hence the shift to Cymbalta. The current prescription for Trazodone is to address insomnia. The utilization review from 8/5/2014 denied the request for cyclobenzaprine 5mg tab times 30 date of service 7/17/14 because of no evidence of spasticity; denied Cymbalta 30 mg times 30 because of absence of neuropathic pain to warrant such; denied Trazodone 50mg times 90 because of no supporting evidence of objective functional benefit with medication use; and denied hydrocodone/apap 10-3225mg times 30 because of no supporting evidence of objective functional benefit and pain relief with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg tab times 30 Date of service 7/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient was initially prescribed Norflex however no symptom relief had been reported. The current treatment plan includes shift of Norflex into Flexeril. However, the physical examination findings failed to provide evidence of muscle spasm to warrant such treatment. Therefore, the request for cyclobenzaprine 5mg tab times 30 date of service 7/17/14 is not medically necessary.

Cymbalta 30 mg times 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, the patient complained of symptoms of depression and anxiety. She denied hallucination and suicidal thoughts. She did not exhibit anxiety, confusion, tearfulness or suicidal ideation on mental status examination. The patient was initially prescribed venlafaxine however no symptom relief had been reported. The current treatment plan includes shifting of venlafaxine into Cymbalta. The medical necessity has been established. Therefore, the request for Cymbalta 30 mg times 30 is medically necessary.

Trazodone 50mg times 90: Upheld

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

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 and Stress Section, Trazodone

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG) Mental Illness and Stress

Section was used instead. It states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild 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. In this case, the patient is prescribed Trazodone since at least March 2014 for insomnia. She is likewise a diagnosed case of depressive disorder. However, medical records submitted and reviewed lack a discussion regarding her sleep hygiene. Therefore, the request for Trazodone 50mg times 90 is not medically necessary.

Hydrocodone/apap 10-3225mg times 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient is prescribed Norco since at least March 2014. She complains of right knee pain with locking upon walking. Intake of Norco has provided pain relief and increased tolerance in walking and standing. The medical necessity for continuing opioid management has been established. Therefore, the request for hydrocodone/apap 10-3225mg times 30 is medically necessary.