

Case Number:	CM15-0001799		
Date Assigned:	01/12/2015	Date of Injury:	12/01/2003
Decision Date:	04/07/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 55 year old female, who sustained an industrial injury on 12/1/03. She has reported pain in the neck, shoulder and right arm. The diagnoses have included myofascial pain syndrome and cervical pain. Treatment to date has included MRI, trigger point injections to the right trapezius, oral and topical medications and TENs unit. Currently, the injured worker reports 2/10 pain on her current medications. The treating physician is requesting to continue Trazodone 50mg #30 x 3 refills, and Flexeril 10mg #30 x 3 refills, Duloxetine 60mg #60 x 3 refills and Lidoderm patches 5% #60 x 3refills. On 12/15/14 Utilization Review non-certified a prescription request for Trazodone 50mg #30 x 3 refills, and Flexeril 10mg #30 x 3 refills, Duloxetine 60mg #60 x 3 refills and Lidoderm patches 5% #60 x 3refills. The UR physician cited the MTUS guidelines for chronic pain and ODG guidelines for Trazodone. On 1/5/15, the injured worker submitted an application for IMR for review of Trazodone 50mg #30 x 3 refills, and Flexeril 10mg #30 x 3 refills, Duloxetine 60mg #60 x 3 refills and Lidoderm patches 5% #60 x 3refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Trazodone 50mg x3 refills: 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 & Stress.

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 section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #30 with three refills is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as anxiety or depression. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if insomnia is not accompanied by: depression or recurrent treatment failure. In this case, the injured worker's working diagnoses are chronic pain syndrome; muscle/ligament disorder; cervicalgia; and myalgia and myositis. Subjectively, the injured worker reports she is doing well after the trigger point injection to the neck. The VAS scale pain is 2/10. Objectively, there was mild range of motion decrease at the cervical spine. There is tenderness the palpation along the posterior cervical spine, thoracic spine and paraspinals. There is muscle tightness noted along the paravertebral muscles on the right. Motor strength was normal upper and lower extremities. There are mild dysesthesias on the right lateral arm. The documentation indicates trazodone 50 mg was prescribed as far back as October 25, 2011. There is no documentation of insomnia or difficulty sleeping. Additionally, Trazodone is recommended as an option for insomnia only in patients with potentially coexisting mild psychiatric symptoms such as anxiety or depression. There was no documentation of anxiety or depression nor was there documentation of insomnia. Consequently, absent clinical documentation to support the ongoing use of Trazodone, Trazodone 50 mg #30 with 3 refills is not medically necessary.

30 Flexeril 10 #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #30 with three refills is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain syndrome; muscle/ligament disorder; cervicalgia; and myalgia and myositis. Subjectively, the injured worker reports she is doing well after the trigger point injection to the neck. The VAS scale pain is 2/10. Objectively, there was mild range of motion decrease at the cervical spine. There is

tenderness the palpation along the posterior cervical spine, thoracic spine and paraspinals. There is muscle tightness noted along the paravertebral muscles on the right. Motor strength was normal upper and lower extremities. There are mild dysesthesias on the right lateral arm. The documentation indicates Flexeril was prescribed, by the treating physician, as far back as May 30, 2014. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain for short-term treatment of acute exacerbations in chronic low back pain. The documentation pursuant to the November 28, 2014 progress note does not contain subjective or objective symptoms of low back pain or muscle spasm. Additionally, the documentation does not contain evidence of objective functional improvement associated with Flexeril use. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Flexeril in contravention of the recommended guidelines (less than two weeks), Flexeril 10 mg #30 with three refills is not medically necessary.

60 Duloxetine 60mg x 3 refills: 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) Pain section, Duloxetine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duloxetine 60 mg #60 with three refills is not medically necessary. Duloxetine (Cymbalta) is recommended as an option in first-line treatment of neuropathic pain. It is FDA approved and provides an effect found to be significant by the end of week one (measured as a 30% reduction in baseline pain). The starting dose is 20 - 60 mg per day and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. In this case, the injured worker's working diagnoses are chronic pain syndrome; muscle/ligament disorder; cervicalgia; and myalgia and myositis. Subjectively, the injured worker reports she is doing well after the trigger point injection to the neck. The VAS scale pain is 2/10. Objectively, there was mild range of motion decrease at the cervical spine. There is tenderness the palpation along the posterior cervical spine, thoracic spine and paraspinals. There is muscle tightness noted along the paravertebral muscles on the right. Motor strength was normal upper and lower extremities. There are mild dysesthesias on the right lateral arm. The documentation indicates Duloxetine DR 60 mg was prescribed by the treating physician in 2008. The documentation does not contain evidence of objective functional improvement. The clinical rationale for duloxetine is not present in the medical record. There were no concerns of excessive anxiety, emotional ability or depression. Consequently, absent clinical documentation to support the ongoing use of Duloxetine DR, Duloxetine DR 60 mg #60 is not medically necessary.

60 Lidoderm 5% adhesive patch x3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% adhesive patch #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is indicated for localized pain that is consistent with a neuropathic etiology after there has been evidence of the first line therapy failure with tri-cyclic's or anti-epilepsy drugs. Lidoderm is not recommended for trigger points or myofascial pain, axial back pain including osteoarthritis, and osteoarthritis of the knee. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are chronic pain syndrome; muscle/ligament disorder; cervicalgia; and myalgia and myositis. Subjectively, the injured worker reports she is doing well after the trigger point injection to the neck. The VAS scale pain is 2/10. Objectively, there was mild range of motion decrease at the cervical spine. There is tenderness the palpation along the posterior cervical spine, thoracic spine and paraspinals. There is muscle tightness noted along the paravertebral muscles on the right. Motor strength was normal upper and lower extremities. There are mild dysesthesias on the right lateral arm. The documentation indicates the injured worker was using Lidoderm 5% patches as far back as 2008. The diagnoses do not suggest a neuropathic etiology as pertains to signs and symptoms with the diagnoses of enumerated in the medical record. Lidoderm is not indicated for trigger points for myofascial pain. The documentation does not contain evidence of objective functional improvement as it relates to Lidoderm 5% patches. Consequently, absent clinical documentation to support the ongoing use of Lidoderm 5% patches, Lidoderm 5% adhesive patch #60 is not medically necessary.