

<b>Case Number:</b>	CM15-0002616		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 56 year old male who sustained an industrial injury on 3/24/2008. He has reported pain in shoulders, arms, legs and back after a trip and fall. The diagnoses have included cervical 5-6 herniation, cervical myelopathy, chronic low back pain, bilateral shoulder pain. Treatment to date has included cervical 5-6 anterior fusion, power scooter and physical therapy and medication management. Currently, the IW complains of ongoing neck and back pain, exacerbated with recent fall. Treatment plan included Zanaflex 4 milligrams, Trazodone 50 milligrams, Zohydro 40 milligrams #60, Colace 100 milligrams #120, Duragesic Patch 25 micrograms #15, Relafen 750 milligrams #60 and Neurontin 400 and 800 milligrams-#90 each. On 12/24/2014, Utilization Review certified the Zohydro 40 milligrams #60, Colace 100 milligrams #120, Duragesic Patch 25 micrograms #15, Relafen 750 milligrams #60 and Neurontin 400 and 800 milligrams-#90 each non-certified Zanaflex 4 milligrams, noting it is not for long term use and noncertified the Trazodone 50 milligrams, noting the lack of documentation of insomnia or depression. The MTUS and ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified.

**Trazodone 50mg:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation trazodone

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Trazadone, sedating antidepressants such as Trazadone have also been used to treat insomnia, however there is less evidence to support their use for insomnia. The ODG recommends Trazadone as an option in the treatment for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazadone. Per the documentation, the patient does have the concomitant diagnosis of depression. Therefore this would be an appropriate choice in medication therapy. Therefore the request is certified.