MAXIMUS Federal Services

Case Number:	CM15-0002823		
Date Assigned:	01/13/2015	Date of Injury:	01/13/2007
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	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: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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's treatment history included physical therapy, multiple injections, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's medications included Norco 10/325 mg, trazodone 100 mg, baclofen 10 mg, and a migrainal spray. The injured worker was evaluated on 11/25/2014. The injured worker's diagnoses included concussion, headache, and TMJ disorder. It was noted that the injured worker had gone for a period of 2 weeks without medications and had an increase in pain. The injured worker's treatment plan included continuation of medications and a urine drug screen. A Request for Authorization to support the request was submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100 mg, 100 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic pain Page(s): 13.

Decision rationale: The requested trazodone 100 mg 100 count is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. However, continued use of medications should be supported by functional benefits and a decrease in pain. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's decrease in pain or increase in function as a result of this medication. It was indicated that the injured worker has been on this medication since at least 06/2014. Without functional benefit or documented pain relief, continued use would not be supported in this clinical situation. Furthermore, the request as it was submitted did not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested trazodone 100 mg 100 count is not medically necessary or appropriate.

Baclofen 10 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested baclofen 10 mg 120 count is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the long term use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review indicated that the injured worker has been on this medication since at least 06/2014. The clinical documentation submitted for review failed to provide any evidence of pain relief or functional benefit resulting from the use of this medication. Additionally, the clinical documentation indicated that the injured worker has been on this medication for an extended period of time. There were no exceptional factors to support extending treatment beyond guideline recommendations. Furthermore, the request as it was submitted did not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested baclofen 10 mg 120 count is not medically necessary or appropriate.