

Case Number:	CM15-0003480		
Date Assigned:	01/14/2015	Date of Injury:	09/19/2007
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old male, who sustained an industrial injury on September 19, 2007, regarding the neck and left shoulder. The diagnoses have included shoulder sprain/strain, and head injury. Treatment to date has included cervical medial branch blocks, trigger point injections, chiropractic care, and medications. Currently, the injured worker complains of left shoulder pain, right elbow pain, right forearm/wrist pain, and left 3rd and 4th finger pain. The Primary Treating Physicians report dated on November 16, 2014, noted moderate left shoulder tenderness with decreased range of motion, and right forearm diffuse tenderness. On December 16, 2014, Utilization Review non-certified a hot tub/Jacuzzi for therapy, Trazadone 50mg QTY: 30, and Cyclobenzaprine 7.5mg QTY: 60. The UR Physician noted the hot tub/Jacuzzi for therapy was not medically necessary as there was no documentation to clarify the rationale for how a hot tub would serve a medical purpose and why it was necessary for use in the home. The UR Physician noted the records submitted and reviewed did not document that the injured worker suffered from insomnia or depression, therefore the request for the Trazadone was not reasonable, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the request for Cyclobenzaprine was not reasonable as there was no documentation of spasms on exam, and the injured worker had been taking the medication for longer than three weeks, not recommended for long term use, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of a hot tub/Jacuzzi for therapy, Trazadone 50mg QTY: 30, and Cyclobenzaprine 7.5mg QTY: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot tub/Jacuzzi for therapy: 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 9792.20 - 9792.26 Page(s): 22.

Decision rationale: A hot tub/ Jacuzzi tub is in question for this injured worker for chronic pain. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. The medical justification for the benefits of a Jacuzzi / hot tub are not substantiated in the notes or why a traditional bath tub or aquatherapy cannot be used as an alternative.

Trazadone 50mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13-14.

Decision rationale: Trazodone is an anti-depressant and a serotonin antagonist and reuptake inhibitor. Per the guidelines, anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, it is not clear from the records if it is being prescribed for depression, difficulty sleeping or pain. There is no documentation of a discussion of side effects or efficacy. The records do not support medical necessity for trazodone.

Cyclobenzaprine 7.5mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous treatment modalities and use of medications including muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use

with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. There is also no spasm documented. The medical necessity of cyclobenzaprine is not substantiated in the records.