

Case Number:	CM15-0134675		
Date Assigned:	08/18/2015	Date of Injury:	01/15/2008
Decision Date:	09/15/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained a work related injury January 15, 2008. An MRI of the right shoulder, performed December 16, 2014, (report present in the medical record) revealed suspect distal supraspinatus tendon tear with a 23 mm distraction gap; presence of subacromial-subdeltoid bursal fluid, consistent with distal supraspinatus tendon tear; joint fluid in the subcapularis bursa; abnormal superior labrum; inferior aspect of the AC (acromioclavicular) joint causes flattening of the distal supraspinatus muscle. According to a primary treating physician's progress report, dated June 16, 2015, the injured worker presented for a pain management re-evaluation with continued agitation and decompressed emotionally, due to pain and difficulty exercising. He reports not being able to ride his bike for three weeks due to pain. He was authorized for psychiatric treatment but unable to attend because of limitation of those taking new patients. Current medication decreases the pain from 8 out of 10 to 6 out of 10. Physical examination revealed; cervical spine-decreased range of motion due to pain; right shoulder- tenderness, bicep tendon tenderness, positive Speed's Neer's and Jobe's test and positive clunk with motion, abduction 84 degrees and flexion 75 degrees; low back- forward flexion improved to 50 degrees and extension 20 degrees, straight leg raise is positive on the right. Impression is documented as chronic myofascial pain in the right paracervical and trapezius musculature and lumbar paraspinal musculature; left upper extremity radicular symptoms; bilateral shoulder pain, bilateral carpal tunnel syndrome; positive MRI findings bilateral knee; depression and insomnia; opioid withdrawal syndrome, stable when receiving opioids. Treatment plan included referral with psychiatrist for psychotropic medication management, orthopedic evaluation, right shoulder, adjustments to medication, and at issue, a request for authorization for Trazodone, Robaxin, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg at bedtime #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting diagnosis of major depression that has not been established here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic 2008 injury. The Trazodone is not medically necessary or appropriate.

Robaxin 500mg 1 by mouth TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2008 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Robaxin 500mg 1 by mouth TID #90 is not medically necessary or appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider

have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug screen is not medically necessary or appropriate.