

<b>Case Number:</b>	CM15-0147798		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/19/2003
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Arizona, California

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 46 year old female with an industrial injury dated 05-19-2003. The injured worker's diagnoses include impingement syndrome of the shoulder on the right side status post one injection; and an element of depression, sleep disorder and stress due to chronic pain and inactivity. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-24-2015, the injured worker presented for evaluation of the right shoulder. Objective findings revealed positive impingement sign on the right, positive Hawkin's test and positive Speed test on the right. Treatment plan consisted of medication management. The treating physician prescribed Flexeril 7.5mg tablets Quantity 60, Tramadol ER 150mg Quantity 30 and Trazodone 50mg Quantity 60, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg tablets Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Celebrex and Tramadol. Continued and chronic use is not medically necessary.

**Tramadol ER 150mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores were not noted. Failure of Celebrex (used adjunctively) or Tylenol was not noted. Pain reduction attributed to Tramadol was not noted. Weaning attempt was not noted. Long-term use is not recommended and the Tramadol is not medically necessary.

**Trazodone 50mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone Page(s): 14-18.

**Decision rationale:** Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. In this case, the claimant has both back pain and depression but response to medication and pain scores was not noted. Effectiveness of them medication for pain cannot be determined while is use with Tramadol and Celebrex. The claimant was already on an SNRI for depressions. Continued use is not justified and not medically necessary.