

Case Number:	CM15-0148586		
Date Assigned:	08/11/2015	Date of Injury:	04/09/2010
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/30/2015

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 (IW) is a 28-year-old female who sustained an industrial injury on 04-09-2010. Diagnoses include carpal tunnel syndrome documented by MRI with negative nerve studies; epicondylitis, right, status post one injection; wrist joint inflammation, right, status post injection along the first extensor compartment; discogenic cervical condition with negative MRI, but loss of lordosis; brachial plexus irritation; and weight gain, depression and sleep problems due to chronic pain and inactivity. Treatment to date has included medications, hot and cold wraps, neck collar with gel, bracing, TENS unit, stretching and tendon injections. According to the progress notes dated 6-22-2015, the IW reported constant neck pain and pain in both arms with numbness and tingling. She complained of difficulty sleeping. On examination, there was tenderness along the cervical paraspinal muscles bilaterally, pain along the facets and pain with facet loading. There was also tenderness along the carpal tunnel bilaterally with negative Tinel's sign. A request was made for Tramadol ER 150mg, #60 for pain, Flexeril 7.5mg, #60 for muscle spasms and Trazodone 50mg, #60 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

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

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. In this case, the claimant was on Tramadol 8 months prior but did not tolerate it. The claimant was placed on Norco. The recent request for Tramadol did not indicate how the claimant tolerates the medication. No one opioid is superior to another- (claimant was already on Norco). Pain scores are not noted. The claimant was prescribed the maximum dose without mention of titration. The Tramadol ER is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodic, Cyclobenzaprine (Flexeril).

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 along with Tramadol with provisions for a month. Continued and extended use beyond a few days is not medically necessary.

Trazodone 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Health Chapter, Trazodone.

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

Decision rationale: Trazodone is a tricyclic anti-depressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic anti-depressants 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. The claimant does have neck pain and depression related to chronic pain. It is a preferred medication over long-term use of NSAIDs or opioids. The use of Trazodone is appropriate and medically necessary.