

<b>Case Number:</b>	CM15-0022452		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: New Jersey  
 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:

This 61 year old female sustained an industrial injury on 3/8/00. She subsequently reports ongoing back, neck and right shoulder pain. Multiple MRIs have revealed abnormalities to the cervical, thoracic and lumbar spine. Treatments to date have included injections and prescription pain medications. On 1/26/15, Utilization Review non-certified a request for prescriptions of Flexeril 10mg #30 and Trazodone 50mg #60. On 1/26/15, Utilization Review partially certified a request for Oxycontin 40mg #60--modified to Oxycontin 40mg #30. The above decisions were based on MTUS Chronic Pain and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Oxycontin 40mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this complete review was completed at the time of the request for renewal of OxyContin. Although the provider documented the worker reporting her pain level reducing from 7/10 to 5/10 on average with the use of medications, there was no designation as to how much of this minor reduction was attributable to the OxyContin, as she was using multiple medications for her pain. Also, there was no mention of measurable functional gains directly related to the regular use of the OxyContin. Therefore, the OxyContin will be considered medically unnecessary. Weaning may be indicated.

**1 prescription of Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to suggest that the worker was experiencing an acute flare up, which might have warranted a short course of a muscle relaxant. Rather, the documentation showed that the worker was using more than one muscle relaxant, and chronically leading up to this request. Considering Flexeril inappropriate for chronic use, it will be considered medically unnecessary to continue as such.

**1 prescription of Trazodone 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, Trazodone

**Decision rationale:** The MTUS is silent in regards to trazodone use. The ODG, however, states that is recommended as an option to treat insomnia, but only for patients with potentially coexisting mild psychiatric symptoms, such as depression or anxiety. Other therapies should be recommended before considering trazodone, especially if the insomnia is not accompanied by depression or recurrent treatment failure. In the case of this worker, she had a diagnosis of insomnia and depression/anxiety, which might have been appropriate to match with trazodone at night which was how the worker was taking it. However, there was insufficient reporting found in the documentation regarding the effectiveness of the trazodone on depression and insomnia, measurably. Therefore, the trazodone, without clear and documented evidence of benefit, will be considered medically unnecessary at this time.