

Case Number:	CM15-0052175		
Date Assigned:	03/25/2015	Date of Injury:	01/30/2004
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic low back, knee, and ankle pain reportedly associated with an industrial injury of January 30, 2004. In a Utilization Review report dated March 12, 2013, the claims administrator failed to approve requests for Flexeril and trazodone. A March 5, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log was reviewed and seemingly suggested that the most recent progress note on file was a December 4, 2014 progress note. On October 16, 2014, the applicant reported ongoing complaints of hip pain. The applicant was on naproxen and Norco; it was stated at this point in time. The applicant had apparently undergone a total hip replacement surgery at an unspecified point in time. The applicant was severely obese, with a BMI of 39. The applicant was asked to pursue physical therapy and obtain an epidural steroid injection. The applicant was using a cane to move about. There was no mention of either Flexeril or trazodone on this date. On December 4, 2014, the applicant reported ongoing complaints of low back and left leg pain. The applicant was using Norco and naproxen on this date. Once again, the applicant's BMI was 39, it was stated. The applicant was asked to follow up with her primary care physician. The applicant was described as having ongoing complaints of low back pain, left hip pain status post total hip arthroplasty, knee pain, and ankle pain. Once again, there was no mention of Flexeril and/or trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was apparently using a variety of other agents, including Norco and naproxen, it was suggested on December 4, 2014. The 60-tablet supply of cyclobenzaprine in question, furthermore, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Similarly, the request for trazodone (Desyrel), an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed in his choice of recommendations. Here, however, it was not stated for what purpose trazodone was prescribed. It was not stated whether trazodone was prescribed for pain, sleep, depression, or some other purpose. While it is acknowledged that the March 5, 2015 progress note on which the article in question was endorsed was not incorporated into the Independent Medical Review packet, the historical progress notes on file contained no references to or mention of trazodone and do not, thus, support the request. Therefore, the request was not medically necessary.