

Case Number:	CM15-0063221		
Date Assigned:	04/09/2015	Date of Injury:	09/09/2011
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 63-year-old male, who sustained an industrial injury, September 9, 2011. The injured worker received the following treatments in the past Tramadol, Norco, Flexeril, Trazadone, Naproxen, random toxicology laboratory studies, aqua therapy, home exercise program, acupuncture and massage therapy. The injured worker was diagnosed with myofascial pain and dysfunction, cephalgia, myalgia, internal derangement of bilateral TMJ, injury of the trigeminal nerve, osteoarthritis bilateral TMJ, clinching/bruxism and xerostomia. According to progress note of January 23, 2015, the injured workers chief complaint was low back pain with muscle spasms. The injured worker was having pain over the cervical and lumbar spine with headaches that radiate into the jaw line. Trazadone has helped the insomnia. The injured worker continues to use Norco for moderate to severe pain. The injured worker rated the pain 5 out of 10 with pain medication and 47-8 out of 10 without pain medication. The physical exam noted diffuse myofascial tenderness bilaterally of the lumbar paraspinal musculature from L1-S1 with muscle spasms with tenderness primarily over the lumbosacral junction. The treatment plan included prescription renewals for Trazadone and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-14.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 9/9/11. He has been treated with acupuncture, physical therapy and medications to include Trazadone since at least 05/2014. The current request is for Trazadone. There is inadequate documentation in the available medical records regarding the use and efficacy of Trazadone in this patient. Trazadone is approved for the treatment of depression. There is inadequate documentation of any subjective or objective findings of depression in this patient. On the basis of this lack of the available medical documentation and per the MTUS guidelines cited above, Trazadone is not medically necessary in this patient.

Flexeril 10mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 63 year old male has complained of low back pain since date of injury 9/9/11. He has been treated with acupuncture, physical therapy and medications to include Flexeril since at least 05/2014. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not medically necessary for this patient.