MAXIMUS Federal Services

| Case Number: | CM15-0084346 | | |
|---|---|---|---|
| Date Assigned: | 05/06/2015 | Date of Injury: | 12/06/2005 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

## 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: 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:

This 54-year-old man sustained an industrial injury on 12/6/2006. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 11/30/2011, 12/16/2009, and 10/15/2007, lumbar spine CT scan dated 11/30/2011, electromyogram of the bilateral upper and lower extremities dated 10/4/2011 and 11/16/2007, and lumbar spine MRI dated 10/10/2007. Diagnoses include bilateral lower extremity radiculopathy, reactionary depression and anxiety, possible right sacroiliac joint syndrome, and medication induced gastritis. Treatment has included oral medications, surgical intervention, and spinal cord stimulator trial. Physician notes dated 3/13/2015 show continued complaints of low back pain with radiation to the bilateral lower extremities as well as neck pain and headaches rated 8/10. Recommendations include permanent implantation of spinal cord stimulator, trigger point injections, refill medications including Norco, MS Contin, Neurontin, Anaprox, Prilosec, Robaxin, Trazadone, Ambien, Lidoderm patches, continue psychological treatment, updated cervical and lumbar spine MRI, laboratory testing, and follow up in one month.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The MTUS Guidelines do not support the long-term continuous use of muscle relaxants. This class of muscle relaxants works via a central mechanism and recommended use is limited to a few weeks for distinct flare-ups. This recommended use is daily on a long-term basis. There are no unusual circumstances to justify and exception to Guidelines. The Robaxin 750mg. #90 is not supported by Guidelines and is not medically necessary.

**Trazadone 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental and Stress - Trazadone.

**Decision rationale:** MTUS Guidelines do not address the medical necessity of sleep aids for individuals with chronic pain disorders. ODG Guidelines address this issue in detail and do support the use of Trazadone as a sleep aid when there is a concurrent depression. This individual meets Guideline criteria for the use of Trazadone. The Trazodone 10mg. #30 is medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 03/23/2015) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidlines Pain - Insomnia Treatment.

**Decision rationale:** MTUS Guidelines do not address the issue of sleep aids/medications in individuals with chronic pain. ODG Guidelines address this issue and the updated Guidelines do support some sleep medications long term for individuals with a sleep disorder associated with chronic pain. However, Ambien is not one of the medications that Guidelines support for long-term use with recommended use limited to 3 weeks. There are alternatives medications available that are consistent with Guidelines. The Ambien 10mg. #30 is not supported by Guidelines and is not medically necessary.