

<b>Case Number:</b>	CM14-0146576		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/29/2005
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Osteopathic Family Practice, has a subspecialty in Occupational Medicine/ Pain Med and Manipulation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47 year old female nurse who sustained an industrial injury on 9/29/2005. At the time to the injury she was hit in the mid back by a fire door. The patient was evaluated on 8/7/14 at which time it is noted that the patient has had kidney surgery since last seen. The patient reports still having left neck and scapular pain. She is requesting trigger point injection. She reports occasional nausea from the medications. Examination reveals slightly limited range of motion in her neck and upper extremities. She is noted to have tight and taut bands of muscle in her neck and shoulder region. Her upper extremity strength is 5/5. She has tenderness to palpitation across her neck and scapular region. She is diagnosed with cervicalgia, shoulder and hand joint pain. She is to continue Trazadone for insomnia, start Zofran for nausea, continue Flexeril, continue Cymbalta and continue Lyrica. Trigger point injections were performed. The request for Trazadone, Zofran and Flexeril was non-certified on 8/15/14. The prior peer reviewer noted that Flexeril is not supported for long term use. It was noted that there is limited evidence to support the use of Trazadone for insomnia. The prior peer reviewer noted that the documentation failed to provide a diagnosis of depression or anxiety to support the use of Trazadone. In regards to Zofran, the prior peer reviewer noted that there is no documentation to support the use of Zofran such as symptoms of gastroenteritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #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; Trazodone

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines does not address trazodone.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment

**Decision rationale:** The medical records state that this medication is being prescribed for insomnia. However, per evidence based guidelines, sedating antidepressant such as trazodone may be an option if patients with coexisting depression. However, there is less evidence to support their use for insomnia. In this case the medical records do not establish a coexisting diagnosis of depression. Furthermore, the medical records do not establish attempts at good sleep hygiene. Per references, Suggestions for improved sleep hygiene include : (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. (Benca 2005). The request for Trazodone is not medically necessary.

**Zofran 4mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Zofran(ondasetron)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines does not address Zofran. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain Chapter, Antiemetics (for opioid nausea)

**Decision rationale:** As noted in ODG, " Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In this case the medical records do not establish that this medication is being prescribed for the FDA approved conditions noted above, and therefore the request for Zofran is not medically necessary.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The medical records indicate that the patient has been prescribed Flexeril for an extended period of time. However, the CA MTUS guidelines note that muscle relaxants are not supported for long term use and prolonged use may lead to dependence. The guidelines also state that efficacy of muscle relaxants appear to diminish over time. While short term use of Flexeril may be supported for acute exacerbations, ongoing use is not medically necessary.