

Case Number:	CM14-0161190		
Date Assigned:	10/06/2014	Date of Injury:	04/07/2011
Decision Date:	11/14/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 55 year old male who was injured on 04/07/2011 when he was struck by a cobble from a conveyor belt. He sustained an injury to his head and neck. Prior medication history included Abilify 10 mg, Butrans 20 mg, omeprazole 40 mg, Flexeril 10 mg, Klonopin 3.5 mg, Lidoderm 5%; and Vicoprofen. The patient underwent subacromial decompression, right shoulder arthroscopy and distal clavicle resection on 08/23/2012. Toxicology report dated 07/08/2014 which revealed positive detection of Amitriptyline, Klonopin, Vicoprofen; however, Flexeril was not detected. Progress report dated 08/28/2014 documented the patient to have complaints of headaches rated as 6/10 and she reported difficulty with sleeping. He reported continued benefit from the medication. He noted he could sit for 15 minutes without medication and for 30 minutes with the medication. On exam, the patient is noted to have mild photophobia and bilateral moderate paraspinal spasm. He has significant weakness of the right ankle extensor mechanism as well as flexion/extension of the right knee. He has mild decreased sensation at the right 5th finger. He was diagnosed with neck sprain, neuralgia neuritis and radiculitis, post-concussion syndrome and unspecified injury to the head. Prior utilization review dated 09/23/2014 states the request for Flexeril 10 mg #90 with one (1) refill is not certified there is a lack of documented evidence to support the request; and Trazodone 100 mg #30 is modified to certify Trazodone 100 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90 with one (1) refill: Upheld

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

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

Decision rationale: The above MTUS guidelines for cyclobenzaprine states "Recommended for a short course of therapy... This medication is not recommended to be used for longer than 2-3 weeks." In this case, provided documentation demonstrates that the patient is on flexeril from as early as 4/14/14 to 8/28/14 which is beyond the 2-3 weeks recommended per guidelines above. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Trazodone 100 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), trazodone

Decision rationale: The above ODG guidelines regarding trazodone states "recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety... Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure." In this case, note from 11/7/13 shows that the patient has tried zolpidem already for insomnia. The patient is documented to have coexisting depression as well as insomnia on the PMH section. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.