MAXIMUS Federal Services

Case Number:	CM14-0184146		
Date Assigned:	11/12/2014	Date of Injury:	11/21/2000
Decision Date:	12/16/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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:

55 year old female injured her neck, back and left shoulder at work on 21 Nov 2000 when she was in a motor vehicle accident. Since the injury she developed associated anxiety and depression. She has been diagnosed as having neck pain, low back pain with radiculopathy, left shoulder pain and depression (with social isolation). Presently she complains of continued pain in her neck, lower back (radiating into legs) and left shoulder. Before medications the pain level is 9/10 and with the medication 4/10. She is able to perform her activities of daily living (ADLs). Examination in August 2014 showed tenderness at the cervical paraspinal musculature and over the right trapezius. Lateral neck flexion caused paresthesias down her left arm into her left hand. She had cervical, lumbar and left shoulder MRIs but the results were not available for review. Treatment has included mental health counseling and medications (Norco, Zanaflex, Ultracet, trazodone, Neurontin, Flexeril, Prozac, Abilify and Valium). Her current medications are Ultracet, trazodone, Neurontin and Flexeril (prescribed for "as needed use for acute flares").

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 41-2, 63.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown Cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on continuous skeletal muscle relaxant therapy for over 2 months, however, the provider modified the prescription at the last visit (Oct 2014) making use of Flexeril only as needed for acute flares. This use of this medication now falls within the MTUS guidance, is medically necessary and should be allowed to be used.

Trazodone 50mg, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Page(s): 13-15. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic Review of Antidepressants in the Treatment of Chronic Low Back Pain, Staiger TO, et al, Spine 2003;28:2540-2545

Decision rationale: Trazodone is a tetracyclic antidepressant medication indicated for treatment of anxiety, depression and insomnia but which has also been shown effective for treatment of fibromyalgia, complex regional pain syndrome and chronic neuropathic pain. The MTUS describes use of antidepressants as an optional first line treatment for neuropathic pain with or without signs or symptoms of depression. This patient has both neuropathic pain and anxiety/depression. She has been given a trial of this medication and its use did allow improvement in control of the patient's overall pain and sleep. Thus medical necessity has been shown and this therapy should be continued.