

Case Number:	CM14-0218170		
Date Assigned:	01/07/2015	Date of Injury:	02/17/2009
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Internal 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:

The injured worker is a 58-year-old male, with a reported date of injury of 02/17/2009. The results of the injury were neck pain, low back pain, right wrist pain, and left shoulder pain. The current diagnoses include cervical radiculopathy, carpal tunnel syndrome, lumbar disc degeneration disease, wrist pain, lumbar sprain, neck sprain, and shoulder/arm sprain. The past diagnoses include lumbar radiculopathy, low back pain, cervical disc disorder, lumbar degenerative disc disease, right wrist pain, neck sprain, and lumbar sprain. Treatments Trazadone 50mg, Skelaxin 800mg, Vicodin 5/300mg, Cymbalta 30mg, Neurontin 400mg, electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral upper extremities on 05/14/2014, which showed right and left chronic moderate distal median nerve neuropathy at the wrist and right and left C7 chronic cervical radiculopathy without active denervation; an EMG/NCV of the bilateral upper extremities on 09/12/2012; left shoulder MRI on 07/16/2012; MRI of the lumbar spine on 06/05/2012; and x-ray of the left shoulder on 02/17/2012. The progress report dated 11/24/2014 indicates that the injured worker rated his pain a 3 out of 10, with medications, and a 6 out of 10 without medications. There were no new problems or side effects. The injured worker's quality of sleep was poor and his activity level remained the same. The medications continued to reduce the injured worker's pain to a more tolerable level that allowed the injured worker to function and perform household tasks. The objective findings include restricted range of motion of the cervical spine with flexion limited to 30 degrees, extension limited to 35 degrees, and pain, tenderness and tightness of the muscle band on both sides of the paravertebral muscles, and tenderness at the paracervical muscles and

trapezius; the lumbar spine showed restricted range of motion, with flexion limited to 65 degrees, extension limited to 10 degrees, and pain; tenderness to palpation and tight muscle band of the paravertebral muscles, with hypertonicity; and bilateral lumbar facet loading; the left shoulder showed restricted movements with flexion limited to 110 degrees and abduction limited to 115 degrees, tenderness to palpation in the acromioclavicular joint, biceps groove and subdeltoid bursa. The treating physician recommended the continuation of Skelaxin 800mg three times a day as needed for muscle spasms and the continuation of Trazodone 50mg as needed for sleep. The injured worker was temporarily totally disabled. On 12/12/2014, Utilization Review (UR) denied the request for Skelaxin 800mg #60 one (1) tablet four (4) times a day as needed and Trazadone 50mg #60 1-2 tablets at bedtime as needed for sleep. The UR physician noted that there was no documentation on the treatment history or length of time the injured worker had been prescribed Skelaxin, and no objective assessment of pain relief. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 MG 1 Tab 4 Times A Day As Needed #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Muscle relaxants Pages 63-66. Metaxalone (Skelaxin) Pages 61, 65.. Decision based on Non-MTUS Citation FDA Prescribing Information Skelaxin (Metaxalone) <http://www.drugs.com/pro/skelaxin.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. FDA Prescribing Information documents that Skelaxin (metaxalone) is indicated for acute musculoskeletal conditions. The sedative effects of Skelaxin and other CNS depressants (e.g., alcohol, benzodiazepines, opioids, tricyclic antidepressants) may be additive. Therefore, caution should be exercised with patients who take more than one of CNS depressants simultaneously. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Skelaxin for chronic conditions. Medical records document the the long-term use of Skelaxin. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS, ACOEM, and FDA guidelines. The use of Skelaxin

is not supported by MTUS, ACOEM, or FDA guidelines. Therefore, the request for Skelaxin 800 mg #60 is not medically necessary.

Trazodone 50 MG 1-2 At Bedtime As Needed For Sleep #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Insomnia treatment. Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that there is limited evidence to support the use of Trazodone for insomnia. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Prescribing medication indefinitely will not work. Patients do better if medication is stopped after 6 weeks. Medical records document long-term use of Trazodone, which is not supported by ODG guidelines. Therefore, the request for Trazodone 50 mg for sleep #60 is not medically necessary.