

Case Number:	CM15-0004492		
Date Assigned:	01/15/2015	Date of Injury:	01/30/2004
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 61-year-old female who reported an injury on 01/30/2004. The mechanism of injury involved a fall. The current diagnoses include right hip sprain/strain, left knee internal derangement, myofascial pain syndrome, and chronic pain syndrome. The injured worker presented on 08/19/2014 with complaints of left knee and hip pain. The current medication regimen includes Norco, tramadol and naproxen. Upon examination, there was local tenderness in the left hip, positive Patrick's test, positive Apley's test, local swelling and tenderness, 5/5 motor strength, and myofascial trigger points in the left hip muscle girdle. Recommendations at that time included electroacupuncture. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. There was no indication that this injured worker was utilizing this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Trazodone 50MG #120: 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The Official Disability Guidelines recommend trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. According to the documentation provided, the injured worker does not maintain a diagnosis of insomnia, depression, or anxiety. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.