

Case Number:	CM15-0122530		
Date Assigned:	07/06/2015	Date of Injury:	10/20/2010
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 10/20/10. Initial complaints were not reviewed. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation/radiculopathy; discogenic lumbar condition with inflammation, left-sided radiculopathy; impingement syndrome left shoulder; chronic pain and inactivity; depression; sleep disorder; stress. Treatment to date has included status post L5-S1 microdiscectomy and right carpal tunnel release (6/11/12); cervical epidural steroid injection (6/27/13); lumbar epidural steroid injection/selective nerve root block L5-S1 (7/31/14); physical therapy; medications. Diagnostic studies included MRI lumbar spine (5/30/13); MRI cervical spine (6/7/13); MRI right shoulder (1/22/14). Currently, the PR-2 notes dated 5/13/15 indicated the injured worker is being seen at this office for her right shoulder injury complaints. He notes the injury also included a right wrist in which she has surgical intervention on the 2005 claim. She is seeing another provider for the 2010 injury that involved a back fusion in 2012 and has not returned to work since that surgery. The injury of 2010 included low back and left shoulder. The provider does provide a physical examination. His treatment plan offers a discussion with the injured worker regarding consideration of surgery of her shoulder. She is getting narcotics and urine drug screening from her surgeon. On this date, the provider is requesting authorization for Flexeril 7.5mg #60 and Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the claimant was on Flexeril for over 6 months in combination with NSAIDS and opioids. Long-term use is not recommended and continued use of Flexeril is not medically necessary.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 14-18.

Decision rationale: Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain. In this case, the claimant was on NSAIDS and opioids. There was no indication of reduction of these medications while initiating Trazodone. The request was not substantiated. The request for the use of Trazodone is not medically necessary.