

Case Number:	CM15-0127420		
Date Assigned:	07/14/2015	Date of Injury:	09/03/2008
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 43 year old male, who sustained an industrial injury on 9/3/2008. Diagnoses have included discogenic lumbar condition with magnetic resonance imaging (MRI) showing disc herniation at L5-S1 and facet changes from L1 to S1, ankle inflammation status post arthroscopy in 2009 with no improvement and depression. Treatment to date has included ablative nerve block for the left ankle, transcutaneous electrical nerve stimulation (TENS) unit, lumbar epidural steroid injection and medication. According to the progress report dated 5/19/2015, the injured worker complained of low back and left ankle pain. The injured worker was working thirty hours a week, doing sedentary work. He complained of difficulty sleeping and gastrointestinal irritation. The injured worker walked with a limp. There was tenderness along the ankle joint. Authorization was requested for Flexeril and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: Trazodone is used for short term use for insomnia. The patient records indicated that the patient suffered difficulty falling asleep, however the long term use of Trazodone is not recommended. Therefore, the request for 60 Trazodone 50mg is not medically necessary.

Flexeril 7.5 mg Qty 60: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril 7.5 mg is not justified. Therefore, the request of Flexeril 7.5mg, #60 is not medically necessary.