

Case Number:	CM15-0128272		
Date Assigned:	07/15/2015	Date of Injury:	12/24/2014
Decision Date:	09/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/03/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male injured worker suffered an industrial injury on 12/24/2014. The diagnoses included. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications and epidural steroid injections. On 6/18/2015 the treating provider reported the epidural steroid injection from 4/28/2015 was helpful about 30% but the pain in the low back continued to be severe. There was more pain in the buttock with prolonged sitting. He was using Trazadone for insomnia associated with chronic pain. He reported he was able to sleep better with the trazadone. The pain was described as aching and stabbing in the low back with numbness down the bilateral legs rated 10/10 without medications and 6 to 7/10 with medications. On exam the sciatic notches and sacroiliac joints were tender. There was tenderness and moderate muscle spasms over the lumbar muscles with restricted range of motion and positive straight leg raise. The injured worker had not returned to work. The treatment plan included Flexeril 7.5mg, quantity: 60 and Desyrel 50mg, quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, quantity: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated the injured worker had been using this medication for at least 6 months. The medical record stated there were muscle spasms in the back, continued use would be appropriate, Therefore the request for Flexeril is medically necessary.

Desyrel 50mg, quantity: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress/ Trazodone.

Decision rationale: MTUS was silent on this medication for insomnia. ODG, Mental Stress stated Desyrel (Trazodone) as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the [REDACTED] notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. The documentation provided included reference to improved sleep with this medication. The injured worker appears to be having a satisfactory response to Desyrel, therefore the continued use is appropriate and medically necessary.