

Case Number:	CM15-0165700		
Date Assigned:	09/29/2015	Date of Injury:	05/08/2005
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old male who sustained an industrial injury on 05-08-2005. According to a progress report dated 07-24-2015, the injured worker had ongoing low back pain. He used a cane with ambulation. He was getting medications from his oncologist and primary care doctor. He still had difficulty sleeping. He had muscle spasms and stiffness as well as pain that radiated down his legs. Past medical history was significant for chronic obstructive pulmonary disease and multiple myeloma. He was still getting chemotherapy twice a week and his oncologist was aware of his medication usage. Objective findings included tenderness across the lumbar paraspinal muscles bilaterally. He had difficulty standing from a seated position. Diagnoses included discogenic lumbar condition status post fusion with radiation of pain along the lower extremities and chronic pain associated with element of sleep. The treatment plan included Trazodone for insomnia, Flexeril for muscle spasms, Celebrex for inflammation, Aciphex for gastritis and Gabapentin for neuropathic pain. The injured worker was currently retired. He was to avoid bending, stairs, hill, inclines and squatting. An authorization request dated 07-24-2015 was submitted for review. The requested services included Trazodone 50 mg #60, Flexeril 7.5 mg #60, Celebrex 200 mg #30, Aciphex 20 mg #30 and Gabapentin 600 mg #90. On 08-10-2015, Utilization Review non-certified the request for Trazodone 50 mg #60, Flexeril 7.5 mg #60 and Gabapentin 600 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Trazodone (Desyrel) 2015; ODH Mental Illness & Stress: Insomnia treatment (2015).

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 and stress - Trazodone (Desyrel).

Decision rationale: 1 prescription of Trazodone 50mg #60 is not medically necessary per the ODG. The MTUS Guidelines do not address insomnia or Trazodone. The ODG states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The ODG states that other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The documentation indicates that the patient has been using Trazodone long term and there is no clear indication of functional improvement or efficacy from prior use of Trazodone. The request for continued Trazodone is not medically necessary.

1 prescription of Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: 1 prescription of Flexeril 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine long term. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Flexeril is not medically necessary.

1 prescription of Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: 1 prescription of Gabapentin 600mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant evidence of objective functional improvement on the documentation submitted. Therefore, the request for continued Gabapentin is not medically necessary.