

Case Number:	CM15-0026794		
Date Assigned:	03/05/2015	Date of Injury:	08/30/1993
Decision Date:	06/18/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 52 year old male who sustained an industrial injury on 08/30/1993. He has reported chronic neck pain. Diagnoses include Cervicalgia, pain in joint, upper arm, occlusion of unspecified precerebral artery with cerebral infection; cervical spondylosis without myelopathy; cervical radiculopathy; and hyperlipidemia. Treatments to date include medications and a history of epidural steroid injections. A progress note from the treating provider dated 01/13/2014 in an annual physical examination indicates the IW has muscle spasms of the neck and insomnia. The IW was on Trazodone HCL Tablet (1 tablet) orally at bedtime for sleep and Hydrocodone APAP for pain. The amount and frequency of the hydrocodone was not noted at this documentation, but prior documentation (06/25/2013) indicates it was for 3 times daily for chronic neck pain) Cyclobenzaprine was for 3 times daily as needed for muscle spasm. On 01/15/2015 Utilization Review non-certified a request for Cyclobenzaprine. The MTUS Guidelines were cited. On 01/15/2015 Utilization Review non-certified a request for Hydrocodone/APAP. The MTUS Guidelines were cited. On 01/15/2015 Utilization Review modified a request for Trazodone to Trazodone 50 mg #30. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-17. Decision based on Non-MTUS Citation Official disability guidelines, Mental Illness & Stress Chapter, Insomnia treatment.

Decision rationale: The most recent medical report provided for review is dated 01/13/14 and states the patient presents with chronic neck pain. His listed diagnoses include: Chronic Pain Syndrome treated on long-term opiate treatment and Depression. The current request is for Trazodone. The RFA is not included. The 01/15/15 utilization review states this is a retrospective request that was certified from 09/24/14 to 01/15/15. The report does not state if the patient is working. MTUS Guidelines does not specifically discuss this medication. However, antidepressants pages 13 to 17 state, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." ODG, Mental Illness & Stress Chapter, Trazodone, states, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The report provided states the patient denies sleep problems with medication and the patient is doing well with Trazodone for sleep. In this case, this medication is indicated as an option for insomnia for patients with co-existing depression. However, no recent reports are provided to show a diagnosis of depression or the efficacy of this medication. The request IS NOT medically necessary.

Cyclobenzaprine: Upheld

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

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

Decision rationale: The sole medical report provided for review is dated 01/13/14 and states the patient presents with chronic neck pain. The current request is for CYCLOBENZAPRINE. The RFA is not included. The 01/15/15 utilization review states this is a retrospective request. The report does not state if the patient is working. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The 01/13/14 report states that the patient is continuing Flexeril/Cyclobenzaprine for muscle spasm and that it has benefited the patient. The reports provided do not state how long the patient has been prescribed this medication and it is unclear which period is encompassed by this request. However, as of the date of this report the medication was refilled for 90 days, which does not indicate the short-term

use of 2-3 weeks recommended by guidelines. Furthermore, no recent medical information is provided. The request IS NOT medically necessary.

Hydrocodone/APAP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The most recent medical report provided for review is dated 01/13/14 and states the patient presents with chronic neck pain His listed diagnoses include: Chronic Pain Syndrome treated on long-term opiate treatment and Depression. The current request is for Hydrocodone, an opioid. The RFA is not included. The 01/15/15 utilization review states this is a retrospective request. The report does not state if the patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The most recent report provided dated 01/13/14 shows the patient is a long term user of opioids and that Vicodin/Hydrocodone is a continuing medication that has helped the patient's pain. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage, and no recent evidence of this is provided. This report does not mention specific ADL's that show a significant change with use of this medication. Opiate management issues are not discussed regarding adverse side effects, adverse behavior or urine toxicology. In this case, there is not sufficient documentation for long-term opioid use as required by the MTUS guidelines. The request IS NOT medically necessary.