

Case Number:	CM15-0033467		
Date Assigned:	02/27/2015	Date of Injury:	08/19/2009
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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 is a 64 year old female who sustained an industrial injury on 08/19/2009. Current diagnoses include carpal tunnel syndrome, cervicalgia, and rotator cuff syndrome. Previous treatments included medication management, right carpal tunnel repair, right shoulder arthroscopic repair, and anterior cervical fusion. Report dated 12/03/2014 noted that the injured worker presented with complaints that included wrist, shoulder, and neck pain. Physical examination was positive for abnormal findings. Utilization review performed on non-certified a prescription for Trazodone and cyclobenzaprine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the /California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 MG #60 2 By Mouth Every Hour: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: This patient presents with chronic neck and left shoulder pain. The current request is for Trazodone 100MG #60 2 by mouth every hour. The ODG Guidelines under the mental illness and stress chapter has the following regarding Trazodone, "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 that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." The treating physician added Trazodone to the patient's medication regimen on 9/29/14 stating that "I am going to add Trazodone two tables at night to see if we can benefit her." There is no further discussion on this medication. There is no discussion on why it is being prescribed and if there is any decrease in pain or functional improvement with taking Trazodone. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, this request IS NOT medically necessary.

Cyclobenzaprine 10 MG #60 1 BID: 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: This patient presents with chronic neck and left shoulder pain. The current request is for Cyclobenzaprine 10MG #60 1 BID. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This patient has been prescribed Cyclobenzaprine since 7/16/14. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.