

<b>Case Number:</b>	CM15-0068693		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 female who sustained an industrial injury on 09/20/2010. The injured worker was diagnosed with right shoulder myofascial pain, right lateral arm epicondylitis, tenosynovitis right forearm, right wrist sprain and depression, sleep disorder and stress due to chronic pain. According to the primary treating physician's progress report on March 11, 2015, the injured worker continues to experience wrist and shoulder pain. Examination of the right shoulder demonstrated tenderness along the rotator cuff. Range of motion was decreased at the wrist with tenderness along the carpal tunnel and a positive Tinel's. The right elbow had local tenderness on the right side. Current medications are listed as fenoprofen, Venlafaxine XR, cyclobenzaprine, pantoprazole, trazodone and LidoPro cream. Diagnostic investigations include laboratory blood work and Electrodiagnostic studies. Treatment that was completed include carpal tunnel brace, elbow pad, hot and cold wrap, transcutaneous electrical nerve stimulation (TEN's) unit with garment, continue with medications and the current request for Cyclobenzaprine, Tramadol ER and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of pain when treatment with NSAIDs and PT have failed. The chronic treatment with muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation, and adverse interaction with other sedative medications. The records indicate that the patient is utilizing multiple sedative and psychiatric medications concurrently. The duration of cyclobenzaprine use had exceeded that guidelines recommended maximum limit of 4 to 6 weeks. The criteria for the use of cyclobenzaprine 7.5mg #60 was not met. The request is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Weaning of Medications Page(s): 76-78, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. There is additional risk of adverse interaction between Tramadol and many classes of psychiatric medications. The guidelines recommend that patients with significant psychosomatic disorders be treated with anticonvulsants analgesics with mood stabilizing activities. The records indicate that the patient had not failed treatment with optimum dosage of non opioid co-analgesics. There is no documentation of guidelines required compliance monitoring of serial UDS, CURES data reports, absence of aberrant drug behavior and functional restoration. The criteria for the use of Tramadol ER 150mg #30 was not met. The request is not medically necessary.

**Trazodone 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 02/10/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antidepressants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressants medications can be utilized in the treatment of psychosomatic symptoms associated with chronic musculoskeletal pain. The records indicate that the patient was diagnosed with depression, anxiety disorder and insomnia. There is indication of symptomatic improvement and functional restoration with utilization of Trazodone. There is no reported adverse effect. The criteria for the use of Trazodone 50mg #60 was met. The request is medically necessary.