

<b>Case Number:</b>	CM15-0069042		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Florida  
Certification(s)/Specialty: Neurology, 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 28 year old male, who sustained an industrial injury on February 2, 2012. The injured worker was diagnosed as having lumbosacral neuritis, lumbar radiculopathy, lumbar facet arthropathy and herniated nucleus pulposus (HNP). Treatment and diagnostic studies to date have included chiropractic, acupuncture, physical therapy, injections and oral medication. A progress note dated February 23, 2015 provides the injured worker complains of back pain that radiates down the legs and to the feet with numbness. He rates his pain as 8-9/10 without medication and 6/10 with medication. Physical exam notes no acute distress, slow antalgic gait, well healed surgical lumbar scar, tenderness on palpation and decreased range of motion (ROM). The plan includes chiropractic, physical therapy, injections, home exercise and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

**Decision rationale:** MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. Therefore the request is not medically necessary.

**Trazodone 50mg quantity 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, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tricyclics Page(s): 122.

**Decision rationale:** MTUS supports that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. For peripheral neuropathic pain the NNT for tricyclics is 2.3, versus SSRIs of 6.8 and SNRIs of 4.6. The medical records do not report the insured has depressive symptoms which are helped by the medication of trazodone. There is no documentation of a neuropathic pain syndrome for which TCA may be considered for treatment of pain. As such the medical records do not support the use of trazodone congruent with MTUS guidelines. Therefore the request is not medically necessary.