

<b>Case Number:</b>	CM15-0069665		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/25/2015
<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: California  
 Certification(s)/Specialty: Emergency 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 44 year old female, who sustained an industrial injury on April 26, 2013. The injured worker has been treated for neck, bilateral shoulder and left knee complaints. The diagnoses have included impingement syndrome of the right shoulder, impingement syndrome and labral biceps tendinitis of the left shoulder, epicondylitis laterally, ulnar neuritis, discogenic cervical condition with radicular components, brachial plexus inflammation bilaterally and left knee internal derangement. Treatment to date has included medications, radiological studies, trigger point injection, physical therapy, right shoulder surgery and left shoulder surgery. Current documentation dated February 26, 2015 notes that the injured worker reported severe neck pain and left knee pain. Examination of the cervical spine revealed tenderness of the paraspinal muscles, trigger points at the insertion of the trapezius and a decreased range of motion. Examination of the left knee revealed pain across the joint line medially and laterally. Special orthopedic testing was negative. The treating physician's plan of care included a request for the medications Flexeril and Trazadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

**Decision rationale:** The requested Flexeril 7.5mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker reported severe neck pain and left knee pain. Examination of the cervical spine revealed tenderness of the paraspinal muscles, trigger points at the insertion of the trapezius and a decreased range of motion. Examination of the left knee revealed pain across the joint line medially and laterally. Special orthopedic testing was negative. The treating physician has not documented intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg #60 is not medically necessary.

**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, Mental Illness & Stress, Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** The requested Trazodone 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. The injured worker reported severe neck pain and left knee pain. Examination of the cervical spine revealed tenderness of the paraspinal muscles, trigger points at the insertion of the trapezius and a decreased range of motion. Examination of the left knee revealed pain across the joint line medially and laterally. Special orthopedic testing was negative. The treating physician has not documented failed trials of tricyclic antidepressants or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Trazodone 50mg #60 is not medically necessary.