MAXIMUS Federal Services

Case Number:	CM15-0070901		
Date Assigned:	04/20/2015	Date of Injury:	10/05/2011
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old female patient who sustained an industrial injury on 10/5/11. Current diagnoses included lumbago, cervicalgia, postlaminectomy syndrome and myofascial pain syndrome. Per the doctor's note dated 3/10/15, she had complaints of left shoulder, low back and leg pain; anxiety and fatigue. The physical examination revealed cervical spine- tenderness; lumbar spine- tenderness and limited range of motion. Per the PR-2 dated 2/20/15, she had complaints of ongoing pain to the back and neck rated 5/10 with medications. The medications list includes Requip, Norco, Opana ER, Medrol, Miralax, Methocarbamol, Toradol and Trazadone. She has undergone lumbar surgery on 1/27/2007. She has had lumbar MRI dated 8/28/2013, which revealed bulging disc at L4-5 and facet degeneration at L3-4, L4-5 and L5-S1. She has had trigger point injections and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methacarbamol 500mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 65.

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

Decision rationale: Methacarbamol 500mg, #90 Methocarbamol is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. The level of the pain with and without medications is not specified in the records provided. The need for methocarbamol on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. Muscle relaxants are not recommended for long periods of time. The medical necessity of Methacarbamol 500mg, #90 is not established for this patient at this juncture.

Trazadone 50mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Insomnia treatmentSelective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine).

Decision rationale: Trazadone 50mg, #30, Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.) In addition, per the cited guidelines Trazodone is one of the most commonly prescribed agents for insomnia. Per the records provided, he had complaints of chronic low back, left shoulder and leg pain with history of lumbar surgeries. He is also having insomnia and fatigue. Trazadone is a first line agent in this clinical situation. The request of Trazadone 50mg, #30 is medically appropriate and necessary for this patient.