

Case Number:	CM15-0075603		
Date Assigned:	04/27/2015	Date of Injury:	11/08/2009
Decision Date:	05/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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 60 year old male, who sustained an industrial/work injury on 11/8/09. He reported initial complaints of cervical and right shoulder pain. There are associated diagnoses of depression, anxiety and insomnia. The injured worker was diagnosed as having chronic myofascial pain of the cervical spine and suprascapular nerve root entrapment and right shoulder surgery. Treatment to date has included medications, and surgery (right shoulder surgery), and home exercises. Currently, the injured worker complains of leg pain, neck pain, and shoulder pain. Pain was 5-7/10. Per the primary physician's progress report (PR-2) on 3/16/15, there is bilateral paravertebral cervical area pain. There is also right shoulder pain with associated numbness in the posterior deltoid muscle and right triceps muscle. Pain is reported better with medications and rest. There are associated complaints of constipation, memory and concentration problems. Examination revealed tenderness with palpation of her bilateral paravertebral musculature with the right side worse than the left, right sided trapezial periscapular tenderness to palpation, decreased range of motion with extension and extension rotation due to pain worse on the right side. The upper extremity has decreased range of motion of the right shoulder, tenderness to palpation over right shoulder joint and acromioclavicular joint. The requested treatments include Naproxen, Tizanidine, Trazodone. The UDS dated 6/13/2014 and CURES report was noted to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. The records show that utilization of Naproxen had been effective. The patient is utilizing the NSAIDs only when necessary. There is no documentation of adverse effect. The criteria for the use of Naproxen was met and is medically necessary.

Tizanidine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 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 musculoskeletal pain when conservative treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can lead to development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The records indicate that the utilization of Tizanidine had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing opioids and other sedative medications concurrently. The criteria for the use of Tizanidine was not met and is not medically necessary.

Trazodone: 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), Insomnia.

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 can be utilized for the treatment of psychosomatic symptoms associated with chronic pain syndrome. The records indicate that the patient was diagnosed with depression, anxiety, insomnia as well as neuropathic pain. The records show compliance and functional restoration with utilization of Trazodone. There are no aberrant behavior or adverse effect reported. The criteria for the use of Trazodone was met and is medically necessary.