

Case Number:	CM15-0097980		
Date Assigned:	05/29/2015	Date of Injury:	05/12/2014
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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, North Carolina
 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 5/12/14. She reported left wrist pain, shoulder pain and neck pain. The injured worker was diagnosed as having chronic neck pain with right upper extremity pain, chronic right shoulder pain, persistent wrist and hand pain and persistent left shoulder pain. Treatment to date has included oral medications including Relafen, Cymbalta, Trazodone and Zanaflex, physical therapy, acupuncture and activity restrictions. MR arthrogram of right shoulder performed on 8/28/14 revealed small articular surface tear and (MRI) magnetic resonance imaging of cervical spine performed on 12/22/14 revealed fusion at C5-6 and C67 along with degenerative disc bulge at C4-5 and right foraminal stenosis. Currently, the injured worker complains of increased pain in left shoulder and persistent pain in neck with radiation to right upper extremity down to wrist. She notes acupuncture treatments have worked best to relieve pain. Her work status is no keyboarding more than 4 hours and no use of right upper extremity for more than 4 hours a day. Physical exam noted diminished range of motion of left shoulder with impingement and palpatory tenderness around the shoulder complex. The treatment plan included requests for Zanaflex, Trazodone, Relafen and Cymbalta and a request for (MRI) magnetic resonance imaging of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zanaflex 4 mg #60 (4/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity drugs.

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

Decision rationale: The CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Medical records submitted indicate that this patient has been on chronic Flexeril as a muscle relaxant and was recently changed to Zanaflex. The medical records submitted do not indicate an acute exacerbation of chronic low back pain and the physical examination does not reveal any muscle spasm. Therefore, this request is deemed not medically necessary or appropriate.

Retrospective Trazodone 50 mg #60 (4/23/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness and stress chapter, insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress.

Decision rationale: Trazadone is classified as an antidepressant. MTUS guidelines state that Trazadone are "Recommended as a first-line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazadone is also used for insomnia for patients with concurrent depression. In this case, the patient presents with complaints of chronic left shoulder and neck pain. The records provide no discussion of the efficacy of Trazadone and there is no documentation of pain relief or functional improvement from the Trazadone, which appears to be prescribed for the patient's chronic pain. Therefore, the request is deemed not medically necessary or appropriate at this time.