

Case Number:	CM13-0008862		
Date Assigned:	07/07/2014	Date of Injury:	08/16/2001
Decision Date:	08/21/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old female with date of injury 8/16/01 with related lower neck pain. Per a progress report dated 2/4/14, she reported that her pain radiated into the right shoulder and right upper extremity. She rated her pain as 8-9/10 in intensity, and reported increased spasms in her neck and back. She was status post C6-C7 anterior cervical discectomy fusion. Imaging studies of the spine were not included in the documentation submitted for review. The documentation does not state whether physical therapy was utilized. The injured worker has been treated with chiropractic manipulation and medication management. The date of UR decision was 7/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 NORCO 10/325MG #180 WITH REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines p78, regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A review of the available medical records revealed documentation supporting the continued use of this medication. Per a 2/4/14 progress report, with this medication, the injured worker's pain is 3/10, without it her pain is 9/10. The use of this medication helps her to maintain activities of daily living such as self-care, and dressing. She was on an up-to-date pain contract. However, her previous UDS dated 11/12/13, and 2/4/14 were consistent, but also revealed alcohol. The request is not medically necessary.

Prospective request for 1 prescription of Trazodone 25mg, #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

Decision rationale: With regard to insomnia treatment, the ODG guidelines state Sedating antidepressants (e.g., Amitriptyline, Trazodone, and Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. Upon review of the submitted documentation, the use of Trazodone is indicated. Per a progress report dated 7/23/13, the injured worker noted that the Trazodone made her feel funny. The injured worker does not have depression and was as of 8/2013 using Ambien. The request is not medically necessary.