

Case Number:	CM13-0009605		
Date Assigned:	10/11/2013	Date of Injury:	09/22/2003
Decision Date:	01/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

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 case is regarding a 63-year-old male with an injury from 9/22/03, and suffers from low back and leg pains. The listed diagnoses include s/p laminotomy/discectomy at L3-4 1985; s/p laminotomy/discectomy L4-5 2003; discogenic disease with herniation at L3-4; s/p removal of hardware, exploration and repair of pseudoarthrosis, ant/posterior fusion L3-5 from 2006; s/p hardware removal from 2007. The utilization review (UR) letter from 7/29/13 denied Norco based on lack of on-going documentation of pain relief/function. Trazodone was denied based on lack of documentation for why this is being used. Remeron was denied due to lack of documentation regarding it's effectiveness. The reviewer did not believe there was evidence of efficacy in the use of Remeron in patients with non-neuropathic chronic low back pain. Zanaflex was denied as documentation did not support myofascial pain. Senokot was denied since Norco is being denied. The 7/19/13 report by [REDACTED] has patient as "status quo". Desyrel and Remeron were needed for pain, mood and sleep. Sleep has been reasonable with Desyrel. Zanaflex was required for pain, and prilosec for constipation. The patient was to continue the medications. No quantification for pain, or function was documented. The 6/21/13 report states that the patient's complaints and meds are unchanged. Documentations are identical with other notes. No quantification of patient's pain, or function are provided. There is a report by [REDACTED] from 1/22/13, which indicates that the patient experienced continued pain in the lower lumbar region, and radiation down the leg. The patient's battery from spinal cord stimulator was removed on December 2012. There was no discussion regarding the patient's meds. The 11/21/12 report by [REDACTED] states that the patient would like the implantable pulse generator (IPG) removed. Sleep is reasonable. Patient was to continue medications. The spinal Final Determination Letter for IMR Case Number [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg #240, one to two (1-2) tablets by mouth every four to six (4-6) hours as needed (maximum of 8 per day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Page(s): 88-89.

Decision rationale: The Chronic Pain Guidelines indicate that documentation of pain, function, and quality of life is required. These include numerical scale reports of function and pain. Under outcome measures, it requires documentation of current pain level, average pain level, best pain level, how long it takes for the medications to work, etc. The medical records provided for review do not indicate whether or not the medications are helping, or harming the patient. Opioids can harm chronic pain patients through drug-dependence and opioid induced hyperalgesia. The treating physician does not provide any discussion regarding these issues. The request for Norco 10-325 mg #240, one to two (1-2) tablets by mouth every four to six (4-6) hours as needed (maximum of 8 per day) is not medically necessary and appropriate.

Trazodone 50 mg #60, one to two (1-2) tablets by mouth at bedtime: Overturned

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 Antidepressants for chronic pain, Page(s): 13-16. Decision based on Non-MTUS Citation The Physician Reviewer also cited the Official Disability Guidelines (ODG)..

Decision rationale: The Chronic Pain Guidelines indicate that antidepressants can be used for neuropathic pain, as well as depression. The Official Disability Guidelines also support the use of Trazodone and Remeron for insomnia. The medical records provided for review indicate that the patient's insomnia was due to chronic pain. The treating physician documents that the patient's sleep is doing better and is manageable, presumably with medication such as Remeron and Trazodone. This patient has had a laminotomy/discectomy in the past, resulting in a lumbar fusion. Post-laminectomy syndrome is a diagnosis of nerve root problem, which is a neuropathic condition or radiculopathy. The request is supported by the guidelines. The request for Trazodone 50 mg #60, one to two (1-2) tablets by mouth at bedtime is medically necessary and appropriate.

Remeron 15 mg #30, one (1) tablet by mouth at bedtime: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine and the California MTUS..

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

Decision rationale: The Chronic Pain Guidelines indicate that antidepressants can be used for neuropathic pain, as well as depression. The Official Disability Guidelines also support the use of Trazodone and Remeron for insomnia. The medical records provided for review indicate that the patient's insomnia was due to chronic pain. The treating physician documented that the patient's sleep is doing better, and is manageable, presumably with medication such as Remeron and Trazodone. This patient has had a laminotomy/discectomy in the past, resulting in a lumbar fusion. Post-laminectomy syndrome is a diagnosis of nerve root problem, which is a neuropathic condition or radiculopathy. The request is supported by the guidelines. The request for Remeron 15 mg #30, one (1) tablet by mouth at bedtime is medically necessary and appropriate.

Zanaflex 4 mg #60, one to two (1-2) tablets by mouth at bedtime: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the California MTUS..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs, Page(s): 66.

Decision rationale: The Chronic Pain Guidelines indicate, "Eight studies have demonstrated efficacy for low back pain." The guidelines support the use of Zanaflex for low back pain, and support the chronic use of Zanaflex for chronic myofascial pain syndrome and fibromyalgia. Although the patient lacks such diagnoses, chronic use of Zanaflex appears to be supported. The request for Zanaflex 4 mg #60, one to two (1-2) tablets by mouth at bedtime is medically necessary and appropriate.

Senokot-S #240, four (4) tablets by mouth twice a day, as needed: Overturned

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): 88.

Decision rationale: The Chronic Pain Guidelines indicate that prophylactic use of laxatives is recommended for opioid use. The patient has been on opiates for a long time, and constipation has been Final Determination Letter for IMR Case Number [REDACTED] documented on at least one report. The request for Senokot-S #240, four (4) tablets by mouth twice a day, as needed is medically necessary and appropriate.

Prilosec 20 mg capsule #60, one (1) capsule, Delayed Release (E.C.) by mouth twice a day:
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 NSAIDs, GI symptoms & cardiovascular risk, Page(s): 69.

Decision rationale: The Chronic Pain Guidelines indicate that Prilosec should be used for gastrointestinal (GI) prophylaxis for those patients with GI risks from chronic non-steroidal anti-inflammatory drug (NSAID) use. The medical records provided for review indicate why the patient is on Prilosec. One of the reports mentions that the patient is on Prilosec for constipation. However, Prilosec is not used for constipation. None of the reports indicate any GI problems, such as gastroesophageal reflux disease (GERD) or gastritis. The treating physician did not discuss GI risk factors, and the listed medications do not include an NSAID. The request for Prilosec 20 mg capsule #60, one (1) capsule, Delayed Release (E.C.) by mouth twice a day is not medically necessary and appropriate.