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| Case Number: | CM13-0013124 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 11/25/2003 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 08/07/2013 |
| Priority: | Standard | Application Received: | 08/13/2013 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient presents with chronic back pain following a work-related injury on November 25, 2003. The patient has a history of L4-5 hemilaminectomy for lumbar spinal stenosis, lumbar degenerative spondylolisthesis, lumbar radiculopathy and neurogenic intermittent claudication. On November 25, 2003 the patient reported persistent pain in his low back with swelling, numbness and tingling and pain down the right lower extremity all the way down to the ankle. According to the patient the pain radiates more onto the anterior thigh. The patient also reported persistent pain in his neck and right shoulder. The physical exam on that day was reported to be no significant. MRI of the cervical spine in June 2012 was significant for left-sided disc protrusion at C5-6, posterior at multiple other levels. MRI of the thoracic spine on March 9, 2005 showed a minor superior T4 compression deformity. MRI of the lumbar spine in July 2012 showed annular tear at L5-S1 with small posterior disc at L5-S1 and 20% compression fracture at L2. EMG nerve conduction study from October 2012 showed multiple abnormalities including right peroneal neuropathy, lumbar radiculopathy of L5 and S1, right ulnar neuropathy, right cubital tunnel syndrome, and right cervical radiculopathy from C5 to C8. The patient's medications include MS Contin 30 mg twice a day, Norco 10 for 325 4 times a day, Lunesta 3 mg by mouth daily at bedtime, Neurontin 800 mg by mouth 3 times a day and Senokot-S 4 tablets a day. The patient was diagnosed with chronic neck and right arm pain, chronic right shoulder pain status post arthroscopic revision acromioplasty, Mumford and SLAP repair, upper back pain, chronic low back pain and right lower extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 16.

Decision rationale: Trazodone 50mg #60 is not medically necessary. CA MTUS page 16 states that antidepressants are recommended as first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Zoloft is a selective serotonin reuptake inhibitor. Per CA MTUS SSRIs is a class of antidepressants that inhibit neither serotonin reuptake without action on nor adrenaline and are controversial based on controlled trials. It is been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The medical records do not appropriately address whether the patient has depression associated with chronic pain through psychological evaluation. Additionally there was no documentation that the enrollee failed Tricyclics which is recommended by CA MTUS as first line therapy.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79.

Decision rationale: Norco 10/325mg # 120 is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The patient's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the patient continued to complain of pain. The patient has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore Norco is not medically necessary.