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| Case Number: | CM13-0024903 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 10/24/2005 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 09/06/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 55 year old male with a date of injury on 10/24/2005. Subjective complaints are of back pain which has been more severe. The low back pain radiated to the left lower extremity and was rated 9/10 without medications, and 7/10 with medications. Patient also had complaint of being quite depressed. Physical exam was noted to not have changed from prior exams. Medications include Baclofen, Trazodone, Ambien, Norco, and MS Contin. Documentation indicates that medications were significantly helpful and allowed patient to do some exercise

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #360: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation

shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

AMBIEN 10 MG #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 (ODG), Zolpidem (Ambien).

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

Decision rationale: ODG suggests that Zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. The submitted request is for a two month supply of medication. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

Trazodone 50 mg #60: 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), Mental Illness & Stress.

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

Decision rationale: CA MTUS does not address the use of Trazodone. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The ODG states that sedating antidepressants (e.g., amitriptyline, trazodone, 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. For this patient, there is evidence of insomnia and concurrent depressive symptoms. There also is documented efficacy of this medication. Therefore, the medical necessity of Trazodone is established.

Baclofen 20 mg #60: Upheld

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

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

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute lower back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Specifically, Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. For this patient, there is no documentation of acute exacerbation, and the patient is using this medication chronically. Therefore, the use of Baclofen is not consistent with guideline recommendations, and is not medically necessary.