

Case Number:	CM13-0030070		
Date Assigned:	06/06/2014	Date of Injury:	06/01/2002
Decision Date:	07/14/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 52-year-old female with a reported date of injury on 06/01/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include displacement of intervertebral disc without myelopathy, opioid type dependence, myalgia and myositis, insomnia due to medical condition, spinal stenosis cervical region, postlaminectomy syndrome of cervical region, and depressive disorder. Her prior treatments include surgeries and medications. Current medications were noted to include Trazodone 200 mg at bedtime, Methadone 10 mg 3 tablets every 8 hours, Norco 10/325 mg 1 tablet twice a day as needed, Soma 350 mg 1 by mouth every 6 hours as needed, Methazolamide 50 mg 1 by mouth at 8 AM and 2 PM, Primodil 250 mg at bedtime, and Cymbalta 1 at bedtime. The progress note dated 08/15/2013 reported the injured worker complained of low back pain as well as diffuse neck pain, upper back pain with radiation for bilateral shoulders, and right upper extremity. The injured worker described her pain as burning, sharp, and stabbing and her pain level was 4/10 with the use of her medications at 100 mg per day of methadone. The intensity of pain after taking her medications was moderate and the intensity of her pain before taking her opiate was severe. The injured worker had pain relief for 6 to 8 hours and he is reporting about 4 hours of restful sleep with the use of Trazodone 150 mg at bedtime and requested an increase in Trazodone. The injured worker denied any side effects from this medication. The physical examination reported the cervical spine revealed severe limitations in range of motion with forward flexion, extension, cervical rotation, and side bending. The inspection of cervical spine is normally aligned without asymmetry and mild kyphosis and there was tenderness to palpation over the cervical paraspinal muscles, superior trapezius, levator scapula, and rhomboid musculature. There was a positive bilateral Spurling's maneuver. The injured worker has decreased sensation to light touch and pinprick in the right C6, C7, C8 dermatomal distribution.

The examination of the lumbar spine revealed limitations in its range of motion and the inspection is without asymmetry or thoracolumbar scoliosis with normal alignment noted. The range of motion rotation in side bending is limited and there is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with lumbar paraspinal spasms. There is a negative straight leg and the motor exam is 5/5. The request of authorization form dated 08/15/2013 was for Norco 10/325mg 1 tablet by mouth twice daily as needed #60, the provider's rationale was not submitted within the medical records. The second request for authorization form dated 08/15/2013 was for Trazadone 200mg by mouth at bedtime, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 200MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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), Mental illness and stress, Sedative/hypnotics.

Decision rationale: The request for Trazodone 200 mg is not medically necessary. The injured worker has been on this medication since 08/2013. The injured worker has been taking it for insomnia. The Official Disability Guidelines do not recommend sedative hypnotics for long-term use, but recommend it for short-term use. The guidelines recommend limiting use of hypnotics 2 to 3 weeks at maximum, the first 2 weeks of injury only, and discourage use in the chronic phase. While sleeping pills are commonly prescribed for chronic pain, they rarely, if ever, recommend them for long-term use. Guidelines state they can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern they may increase pain and depression over long-term. The injured worker has been using this medication with efficacy; however, it is recommended for short-term use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, it is not medically necessary.

NORCO 10/325MG #60: Upheld

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

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

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The injured worker has been taking this medication for pain since 08/2013. The injured worker

reported her current pain level was 4/10 with the use of her medications at 100 mg per day of methadone. She does state that her average pain over the past month is 6/10 and the intensity after taking her medication was moderate and the intensity of her pain before taking the opiate was severe. There is a lack of documentation regarding improved functional status. It does state there is documentation regarding lack of side effects and the documentation indicated the patient has not shown any aberrant drug taking behaviors; however, it is unclear as to whether the patient has had consistent urine drug screen being that the last drug screen was performed 09/2012. Therefore, despite evidence of pain relief with an opioid, there is a lack of documentation regarding increased function and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication was to be utilized. As such, the request is not medically necessary.