

Case Number:	CM13-0033778		
Date Assigned:	12/06/2013	Date of Injury:	09/06/2006
Decision Date:	02/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/10/2013

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 and Pain Medicine and is licensed to practice in Ohio and 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 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. 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 is a 55 year old female who reported an injury on 09/06/2006. The mechanism of injury was not provided for review. The patient developed dysthymic disorder and psychological factors. Physical complaints included bilateral knee pain, left foot pain, and back pain. Previous treatments included medications, physical therapy, and aqua therapy. The patient's most recent clinical evaluation did include that the patient had improved sleep patterns. Physical findings included tenderness to palpation over the medial and lateral joint lines, evidence of previous replacement, and pain with range of motion. The patient's diagnoses included joint pain, and major depressive disorder. It is noted that her medication use appears to be appropriate. The patient's treatment plan included continuation of medications, and bilateral knee x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90: 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.

Decision rationale: The requested baclofen 20 mg #90 is not medically necessary or appropriate. The clinical documentation does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants in the management of a patient's chronic pain. Additionally, there is no functional benefit related to this medication, as the patient reports that her activities of daily living are significantly impacted by her pain. As the long-term use of this type of medication is not supported by guideline recommendations and there are no exceptional factors to extend treatment beyond guideline recommendations, the continued use of this medication would not be indicated. As such, the requested baclofen 20 mg #90 is not medically necessary or appropriate.

Trazodone 300mg #30: 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) Pain Chapter, Insomnia.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has had an improvement of sleep patterns related to this medication. However, an adequate assessment of the patient's sleep hygiene was not provided. Additionally, there was no documentation of an attempt to address the patient's sleep deficits with nonpharmacological treatments. Official Disability Guidelines do recommend the use of trazodone in the management of a patient's chronic pain related insomnia, especially when there is documentation of depression as part of the patient's diagnoses. The clinical documentation submitted for review does provide evidence that the patient is diagnosed with major depressive disorder. However, as there is not an adequate assessment assessing the patient's sleep hygiene, and there is no documentation that the patient's sleep deficits have been addressed with nonpharmacological treatments, continued use of this medication would not be supported. As such, the requested trazodone 300 mg #30 is not medically necessary or appropriate.

Lorazepam 1mg #90: 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 Benzodiazepines Page(s): 23.

Decision rationale: The requested Lorazepam 1 mg #90 is not medically necessary or appropriate. The clinical documentation does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines in the management of a patient's chronic pain. Additionally, there is no functional benefit related to this medication, as the patient reports

that her activities of daily living are significantly impacted by her pain. As the long-term use of this type of medication is not supported by guideline recommendations and there are no exceptional factors to extend treatment beyond guideline recommendations, the continued use of this medication would not be indicated. As such, the requested Lorazepam 1 mg #90 is not medically necessary or appropriate.

Hydrocodone 10/325mg #120: 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 On-going Pain Management Page(s): 78.

Decision rationale: The requested hydrocodone 10/325 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on the medication for an extended period of time. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of increased functional benefit, a quantitative pain assessment, managed side effects and monitoring for non-adherent behaviors. The clinical documentation submitted for review did not provide any specific evidence of monitoring for aberrant behavior. There was not documentation of a quantitative pain assessment or definitive functional benefit as a result of this medication. Therefore, continued use would not be indicated. As such, the requested hydrocodone 10/325 mg #120 is not medically necessary or appropriate.