

Case Number:	CM13-0037563		
Date Assigned:	04/09/2014	Date of Injury:	02/22/2010
Decision Date:	06/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/23/2013

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 54 year old male with a date of injury on 2/22/2010. Diagnoses include lumbar and cervical discogenic disease, right shoulder impingement syndrome, depression, and insomnia . Subjective complaints are of pain in the right shoulder and low back. Physical exam reveals tenderness along right trapezius, decreased shoulder range of motion, positive Hawkin's and impingement signs. The lumbar spine has tenderness, and positive straight leg raise on the right. Prior treatment has included physical therapy, and cortisone injections without relief. Medications include Norco 10/325, Tramadol ER 150mg, Neurontin 600mg, Effexor 75mg, Trazodone 50mg, Lidopro cream, and Terocin patches. Documentation of psychiatric consultation is present that suggests Effexor for depression, and Trazodone for insomnia. Submitted documentation also identifies functional improvement with patient's opiate medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Hydrocodone/Acetaminophen Page(s): 78-91.

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. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. This patient's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Therefore, the continued use of Norco is medically necessary.

TRAZODONE 50MG #60 INSOMNIA: 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), Treatment In Workers Compensation, 10th Edition, Treatment Index, Drug Formulary (Updated 1/31/12).

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 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. Trazodone is one of the most commonly prescribed agents for insomnia with concurrent depression. This patient has a diagnosis of depression and insomnia and is being treated with an antidepressant. Furthermore, the patient has had psychiatric evaluation identifying improvement with these medications and recommended continued use. Therefore, the continued use of Trazodone is medically necessary.

TRAMADOL ER 150MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113..

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. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. This patient's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. For this patient, documentation shows stability

on medication, increase functional ability, and no adverse side effects. Therefore, the continued use of Tramadol ER is medically necessary.