

Case Number:	CM13-0038095		
Date Assigned:	11/14/2013	Date of Injury:	06/14/2005
Decision Date:	01/21/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/06/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois, Indiana, 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 56-year-old male who reported an injury on 06/14/2005, after he slipped and fell down the stairs. The patient underwent lumbar fusion surgery in 01/2009 with subsequent hardware removal in 01/2011. The patient's treatment has included trigger point injections, lumbar epidural steroid injections, medications, and physical therapy. The patient's chronic back pain was managed by medications to include trazodone 100 mg, gabapentin 300 mg, Norco 10/325 mg, Anaprox 550 mg, Prilosec 20 mg, nortriptyline 25 mg, Percocet 10/325 mg, and Cymbalta 600 mg. The patient was consistently monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation findings noted that the patient had continued low back pain with severe left sciatic pain and numbness radiating into the toes. Physical findings included tenderness to palpation over the right lower lumbar spine with markedly decreased range of motion described as 30 degrees in flexion, 10 degrees in extension, and 10 degrees in right and left lateral bending with positive straight leg raising test bilaterally. The patient's diagnoses included postlaminectomy syndrome, lumbar disc disease, and lumbar radiculitis. The patient's treatment plan was to continue medications, a spinal cord stimulator, epidural steroid injections, trigger point injections, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: The clinical documentation submitted for review does indicate that the patient has continued pain complaints with radicular symptoms. The California Medical Treatment Utilization Schedule recommends the continued use of opioids for the ongoing management of the patient's chronic pain be supported by monitoring for aberrant behavior, documentation of increased functional benefit, documentation of pain relief, and documentation of an assessment of side effects. The most recent clinical documentation submitted for review does indicate that the patient is monitored for compliance through urine drug screens. However, the documentation did not include any evidence of increased functional benefit or pain relief as a result of the patient's medication schedule. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.

Trazadone 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Antidepressants for chronic pain Page(s): 60, 12.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The patient has continued low back pain with radicular complaints. The California MTUS recommends the continued use of medications and the management of chronic pain be supported by increased functional benefit. The most recent clinical documentation submitted for review does not provide any evidence of significant pain relief or increased functional benefit as it relates to the patient's medication usage. As such, the requested trazodone 100 mg #60 is not medically necessary or appropriate.