

Case Number:	CM13-0046892		
Date Assigned:	12/27/2013	Date of Injury:	07/01/1998
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation 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 66-year-old male who reported an injury on 07/01/1998. The mechanism of injury was not provided. The patient was noted to be taking methadone, Remeron, trazodone, Zantac and MiraLAX. The patient was noted to have chronic low back pain described as constant and moderate to severe in intensity with radicular symptoms into the right lower extremity. The patient was noted to have additional symptoms of numbness in the bilateral feet. The patient was noted to be requiring pain medications to facilitate his ability to perform activities of daily living, including bathing, walking and lower extremity dressing. The patient's diagnoses were noted to include chronic low back pain, lumbar DDD, right lumbosacral radiculopathy, pain-related insomnia and pain-related depression and anxiety as well as narcotic-related constipation. A request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 30 mg, #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 14.

Decision rationale: California MTUS recommends antidepressants as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated that the patient was taking Remeron to manage his depression. It was indicated that the medication allowed the patient to be adequately motivated with activities of daily living. However, there was a lack of documentation of objective functional benefit such as improvement in depression scales. Given the above, the request for Remeron 30 mg #30 with 2 refills is not medically necessary.

Trazodone HCL 100 mg, #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazodone Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments.

Decision rationale: California MTUS Guidelines recommend trazodone as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The clinical documentation submitted for review indicated that the patient was taking the trazodone for pain-related insomnia. As such, secondary guidelines were sought. Official Disability Guidelines indicates that Trazodone is one of the most commonly prescribed agents for insomnia. The medication allowed the patient to sleep 7 hours instead of the usual 4 hours of sleep he was able to get without the medication. Given the above, , the request for trazodone hydrochloride 100 mg #30 with 2 refills is certified.

Zantac Geldose 150 mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS recommends H2-receptor antagonists like Zantac for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the patient's medications aggravated the patient's reflux, and the patient did not require medications for reflux until he began taking medications for the industrial injury. However, there was a lack of documentation of the efficacy of the requested medication and the necessity for 2 refills. Given the above, the request for Zantac GELdose 150 mg #60 with 2 refills is non-certified.

Miralax/polyethylene glycol oral powder 17 gm, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Per California MTUS, prophylactic treatment for constipation should be initiated when starting opioid therapy. The clinical documentation submitted for review indicated the patient had medication induced constipation, however, it failed to include the efficacy of the requested medication and there was a lack of documentation indicating the necessity for 2 refills. Given the above, the request for MiraLAX polyethylene glycol oral powder 17 gm with 2 refills is not certified.

Methadone HCL 10 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, ongoing management, Page(s): 61,75,78.

Decision rationale: California MTUS Guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk; and for ongoing management, there should be documentation of the 4 A's, analgesia, activities of daily living, adverse side effects and aberrant drug behavior. The clinical documentation submitted for review indicated that the patient had a pain level with medication of a 4/10, which was decreased from 8/10 to 9/10 and had an increased tolerance for walking or standing. However, there was no documentation of adverse side effects or evaluation for aberrant drug behaviors as indicated by CA MTUS Guidelines for continuation of opioids. Given the above, the request for methadone hydrochloride 10 mg #120 is non-certified.