

Case Number:	CM13-0050037		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2010
Decision Date:	03/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 09/09/2010, due to being assaulted by a student, which caused injury to her right upper extremity and emotional distress. The patient developed chronic pain that was treated with physical therapy and medications. The patient's medications included Norco, temazepam, toprimate, clonazepam, respiridone, and trazodone. The patient's most recent clinical documentation noted that the patient had recently suffered from a fall, which caused an increase in pain. Physical findings included an appropriately groomed appearance with no evidence of gross agitation or psychomotor retardation and an appropriate affect. The patient's treatment plan included continuation of medications as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness and Stress (updated 05/13/13).

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 Treatments.

Decision rationale: The requested trazodone is not medically necessary or appropriate. Official Disability Guidelines recommend the use of trazodone as an appropriate treatment for insomnia related to chronic pain. However, the request as it is written does not provide a duration or a frequency or appropriate dosing information. Therefore, the efficacy of this medication cannot be established. Additionally, the clinical documentation submitted for review does not provide an adequate assessment of the patient's sleep hygiene to support the efficacy of the medication. Therefore, continued use would not be indicated. As such, the requested Trazadone is not medically necessary or appropriate.

Risperidone: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1062-1067.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested respiridone is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines as there is a significant risk for psychological and/or physical dependence. Additionally, the clinical documentation does indicate that the patient prescribed to this medication twice as respiridone and temazepam, are essentially the same medication. Additionally, the request does not include a dosage, frequency, or duration of intended use. Therefore, the efficacy of this medication cannot be established. As such, the requested respiridone is not medically necessary or appropriate.

Temazepam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: The requested temazepam is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines as there is a significant risk for psychological and/or physical dependence. Additionally, the clinical documentation does indicate that the patient prescribed to this medication twice as respiridone and temazepam, are essentially the same medication. Additionally, the request does not include a dosage, frequency, or duration of intended use. Therefore, the efficacy of this medication cannot be established. As such, the requested temazepam is not medically necessary or appropriate.

Clonazepam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: The requested clonazepam is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the chronic use of benzodiazepines as there is a significant risk for development of psychological and physiological dependence. Additionally, the request does not include a dosage, frequency, or intended duration. Therefore, the efficacy and safety of this medication cannot be established. As such, the requested clonazepam is not medically necessary or appropriate.

Hydrocodone/APAP: Upheld

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

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

Decision rationale: The requested hydrocodone/APAP is not medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends opioids in the management of a chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment or functional benefit to support the efficacy of this medication. Additionally, there is no documentation that the patient is monitored for aberrant behavior. Also, the request as it is written does not include a duration, frequency, or dosage for this medication. Therefore, the efficacy and safety of this medication cannot be determined. As such, the requested hydrocodone/APAP is not medically necessary or appropriate.