

Case Number:	CM13-0055643		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2009
Decision Date:	03/25/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications, psychotropic medications; multilevel lumbar fusion surgery; transfer of care to and from various providers in various specialties, and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 11, 2013, the claims administrator recommended discontinuation of Oxycontin in favor of morphine sulfate, approved Lyrica, and denied Trazodone. The applicant's attorney subsequently appealed. On October 29, 2013, the applicant presented with chronic low back pain radiating to the right leg. The applicant states that the TENS unit is helping and that he needs additional TENS unit supplies. The applicant is placed off of work, on total temporary disability. The applicant is apparently pursuing a Medical Legal Evaluation. An earlier note of October 25, 2013, is notable for comments that the applicant states that his activity level is very limited. He states that he is getting some relief from TENS unit. He limits his walking to his home only. He has gained weight. He is pending further spine surgery. He is on Oxycontin, Lyrica, and Percocet. He reportedly self-discontinued Trazodone because he feels he is taking too many medications. He states that the medication is only providing with a modicum of relief. The applicant is obese with BMI of 34. Percocet, Oxycontin, and Lyrica are apparently renewed while the applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 3 times per day qty 90 (30DS): 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 Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant remains off of work, on total temporary disability, despite ongoing usage of Percocet. The applicant's ability to perform non-work activities of daily living has significantly diminished. While the applicant reports a modicum of pain relief as a result of medication usage, this is outweighed by his failure to return to work and failure to effect any improvement in terms of performance of activities of daily living. Therefore, the request is not certified, on Independent Medical Review.

Oxycontin 30mg2 times per day qty 60 (30DS): 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 Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant's pain complaints are only marginally improved. The applicant has failed to return to work. The applicant is considering further spine surgery, it appears. There is no evidence of improved performance of non-work activities of daily living as a result of ongoing Oxycontin usage. MTUS criteria for continuation of opioid therapy have not seemingly been met. Therefore, the request is not certified, on Independent Medical Review.

Trazodone Hydrochloride 2 times per day (30DS): 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 Page(s): 13.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guideline does support usage of antidepressants such as Trazodone in the treatment of chronic pain, in this

case, as with the other agents, the applicant has failed to affect any lasting benefit or functional improvement despite prior usage of Trazodone. The applicant apparently self discontinued Trazodone because he felt that he was taking too many medications. There is no evidence that the applicant has experienced any substantial diminution in pain or functional improvement as defined in the parameters established in MTUS 9792.20f despite ongoing usage of Trazodone. The applicant has failed to return to work. The applicant remains on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on various medications and medical treatments and is now apparently contemplating spine surgery. All of the above, taken together, imply a lack of functional improvement with prior Trazodone treatment. Therefore, the request is not certified, on Independent Medical Review.