

Case Number:	CM14-0005309		
Date Assigned:	03/03/2014	Date of Injury:	08/20/2008
Decision Date:	07/14/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, 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 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:

The patient is a 62-year-old who has filed a claim for cervical radiculopathy associated with an industrial injury date of August 20, 2008. Review of progress notes indicates increasing burning neck pain, and left upper extremity and hand pain. The activity level and quality of life remain unchanged. Findings include decreased range of motion due to pain, tenderness and spasm of the cervical musculature, decreased sensation along the C7-T1 distribution, and decreased motor strength of the left triceps and grip strength. Regarding the left wrist, there is tenderness over the radial side, decreased range of motion, positive Finkelstein, and positive Tinel's. Electrodiagnostic study dated November 15, 2013 showed probable left C7-T1 cervical radiculopathy with ongoing evidence of denervation. Cervical CT from July 2013 showed central posterior osteophyte from the C4 vertebral body resulting in effacement of the anterior subarachnoid space and mild encroachment upon the cervical spinal cord, mild degenerative changes of the facet joints, and intact fusion of cervical spine from C3-7 with good alignment. Treatment to date has included opioids, gabapentin, wrist bracing, physical therapy, home exercises, cervical epidural steroid injections, left CMC injection, and cervical surgery on March 14, 2009. Utilization review from January 09, 2014 denied the requests for 60 tablets of trazodone 50mg as there was no documentation of significant sleep difficulties; 60 tablets of Norco 5/325mg as there is no documentation of objective improvement with use of this medication; and 30 tablets of Lexapro 20mg as there is no description of patient's current psychological complaints. Lidoderm patches were deemed appropriate for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF TRAZODONE 50 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Patient has been on this medication since at least November 2012. In this case, the patient still complains of poor sleep quality despite use of this medication. There is also no description of the patient's sleep difficulties, or of any co-existing depression or anxiety symptoms. The request for sixty tablets of Trazodone 50 mg is not medically necessary or appropriate.

60 TABLETS OF NORCO 5/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Progress notes indicate that the patient is stable on current medication regimen, with improved ability to perform activities of daily living. Patient's pain was refractory to tramadol. Patient has been on this medication since October 2013. However, there is no documentation regarding subjective improvement in pain, or objective functional improvement with this medication. The request for sixty tablets of Norco 5/325 mg is not medically necessary or appropriate.

30 PATCHES OF LIDODERM 5%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This patient has failed treatment with Neurontin due to impaired kidney function, and has failed treatment with tramadol due to lack of efficacy. A trial of Lidoderm 5% patches is a reasonable option at this time to manage the patient's pain symptomatology. The request for thirty patches of Lidoderm 5% is medically necessary and appropriate.

30 TABLETS OF LEXAPRO 20 MG: 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 SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that SSRIs are not recommended as a treatment for chronic pain, but for secondary depression. The role of SSRIs may be in addressing the psychological symptoms associated with chronic pain. Patient has been on this medication since at least January 2013. There is, however, no documentation regarding patient's recent or current psychological symptoms, and of any benefit derived from the use of this medication. The request for thirty tablets of lexapro 20 mg is not medically necessary or appropriate.