

<b>Case Number:</b>	CM14-0106638		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Orthopedic Surgery 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:

This is a 46 year old male claimant with reported industrial injury on 9/6/07. Claimant is status post L4/5 total disc replacement and L5/S1 fusion as of 5/10/11. QME Exam note on 2/17/10 demonstrates recommendations for future medical treatment to include lumbar fusion and pharmacologic management for chronic pain complaints with nonsteroidal anti-inflammatory medication, mild analgesics and Lidoderm patches. AME supplemental report performed on 6/17/13 with conclusion that there was no reason that claimant should not be seen monthly for opiate medication management. Exam note from 3/7/14 demonstrates moderate to severe back pain. Pain was noted with medication including MS Contin 30 mg once PO QAM, Norco 10/325 5 tablets per day, laxative, Trazadone, Cymbalta and Topical cream. Exam note 4/30/14 demonstrates moderate to severe low back pain with pain in the gluteal area and thighs. Pain is noted to radiate to the bilateral calves and thighs.. Exam note from 5/30/14 demonstrates report of low back pain. Medications are noted to not allow patient to work or volunteer. Comments include a long incision keloid scar, left abdominal wall which is tender to light and deep palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a General Surgeon:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ACOEM 2004, Chapter 7, page 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In addition CA MTUS/ACOEM 2004, Chapter 5, page 83, Cornerstones to Disability Prevention and Management states, "To achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states." In this case the note from 5/30/14 does not demonstrate any evidence of functional limitations or significant functional improvement would be expected as it relates to the keloid scar. Therefore the determination is not medically necessary.

**Left ilio-inguinal and inferior hypogastric nerve block under fluoroscopy and with IV sedation:** 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) Pain, Injection with anesthetics.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of left ilioinguinal and inferior hypogastric nerve block. According to the ODG, Pain section, injection with anesthetics and/or steroids is recommended when the intent is improving function, decreasing medication and encouraging return to work. In this case the notes from 5/30/14 does not demonstrate any evidence of functional limitations or significant functional improvement would be expected as it relates to the left ilioinguinal nerve and inferior hypogastric nerve entrapment. Therefore the determination is not medically necessary.

**Trazadone Hcl, 50mg, #30, no refills:** 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 Antidepressants Page(s): page 13.

**Decision rationale:** Trazadone is a atypical antidepressant which can be used as a sleep aid for short term usage. According to the CA MTUS Chronic Pain guidelines, page 13, antidepressants

are used as first line option for neuropathic pain or possibly for non neuropathic pain. There is no evidence in the records of depression or insomnia in the records from 5/30/14 to justify Trazadone. There is no evidence in the records of functional improvement in the claimant to continue Trazadone which as been utilized for greater than 1 year. Therefore the determination is for non-certification as not medically necessary.

**Norco 10/325mg #120 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without functional improvement as evident from the documentation from 5/30/14 of failure to be able to work or volunteer. Therefore the determination is not medically necessary.