

Case Number:	CM14-0011613		
Date Assigned:	02/21/2014	Date of Injury:	01/28/2003
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 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 54-year-old female with a 1/28/03 date of injury. The mechanism of injury was not noted. In a 1/30/14 progress note, the patient presented with moderate-severe pain in the lower back, gluteal area, legs, and thighs. Pain has radiated to the left ankle, left calf, left foot, right foot, left thigh and right thigh. The patient described the pain as an ache, burning, deep, dull, localized, and stabbing. Symptoms are aggravated by ascending stairs, bending, changing positions, daily activities, and descending stairs. Symptoms are relieved by heat, ice, lying down, injection, massage, pain medications, and rest. Objective findings: antalgic gait, tenderness on palpation (paraspinous, lumbar, spinous), decreased active range of motion with limiting factors of pain. Diagnostic impression: Degenerative disc disease, lumbar facet arthropathy, chronic pain syndrome, low back pain, degenerative disc disease, depression, insomnia. Treatment to date: Medication management, activity modification, chiropractic therapy. A prior UR decision denied the requests for Trazodone, Norco, and Soma. Trazodone was denied because a recent psychiatric evaluation was not provided that would show an objective assessment of the patient's response to the prior use of trazodone to warrant its continued use. With regards to the request for Norco, the patient's response was not further elaborated in the most recent report in terms of specific functional improvement and relevant adverse drug reactions. A documented urine drug screen was not provided in the records that would provide insight regarding the patient's compliance with the prescribed medication. With regards to Soma, considering that the patient has been using this medication since the 2/24/11 documented visit, guidelines state that it is not indicated for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PROSPECTIVE REQUEST FOR 30 TABLETS OF TRAZODONE HCL 100 MG:

Overturned

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 and Stress Chapter.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (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. A progress note dated 1/30/14 states that Trazodone helps the patient's insomnia and pain to the extent that it helps her get some sleep. Without trazodone, she is not able to get sleep and she is in more pain. In addition, the patient's diagnoses include anxiety, depression, and suicidal ideation. Guidelines support the use of trazodone with coexisting psychiatric disorders. Therefore, the request for the prospective request for 30 tablets of Trazodone HCL 100 mg was medically necessary.

THE PROSPECTIVE REQUEST FOR 180 TABLETS OF NORCO 10/325 MG:

Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Documentation from a 1/30/14 progress note states that Norco relieves the patient's pain by about 20% or so. It allows her to get out of the house, do chores, and run errands. She has the side effect of constipation which is well addressed with over-the-counter products. A progress note dated 12/31/13 states that with medications her pain is a 7/10 on the pain scale and she is able to get out of bed, without medications her pain is a 10/10 and she stays in bed all day. In addition, she states in multiple other reports reviewed that medications decrease her pain from a 10/10 to a 7-8/10 on the pain scale, and it also helps improve her activity level and she is able to sit longer, stand longer, and walk longer. Furthermore, documentation shows evidence of a urine drug screens, dated 12/4/13, which is consistent with hydrocodone use. Therefore, the request for the prospective request for 180 tablets of Norco 10/325 mg was medically necessary.

THE PROSPECTIVE REQUEST FOR 60 TABLETS OF SOMA 350 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient has been on Soma since at least 12/6/12, if not earlier, according to the reports reviewed. She is also taking Norco, and the combination of Soma and Norco can lead to increased side effects such as sedation and functional impairment. In addition, the combination of Soma and opioids are often abused and used to produce a heroin-like effect, referred to as a "Soma Coma". A specific rationale identifying why Soma would be required in this patient despite lack of guideline support was not indicated. Therefore, the request for the prospective request for 60 tablets of Soma 350 mg was not medically necessary