

Case Number:	CM14-0116606		
Date Assigned:	08/04/2014	Date of Injury:	05/22/2009
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Practice 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 male claimant who sustained a work injury on 5/22/09 involving the right knee with meniscal tear. An MRI on 2010 showed that he had undergone a meniscectomy and a healed tear. He was diagnosed with chondromalacia of the right knee. A progress note on 6/18/14 indicated the claimant had 3/10 pain with medication. Exam findings were notable for full range of motion of the knees with mild tenderness throughout. He continued to have anxiety attacks. His pain was managed with Norco 5mg (2 tablets daily with 2 months' supply) and Trazodone 100 mg (2 tablets daily with 2 month supply) to control of nighttime anxiety. He had previously been on Tramadol, but the claimant wished a stronger medication. The claimant had been on Trazodone and Tramadol for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS 06/18/14 Trazadone 100 MG # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health and Illness, insomnia, Trazadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: Trazodone is an anti-depressant. It is indicated for major depressive disorder. According to the MTUS guidelines, anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The claimant had been on various range dosages of Trazodone. The etiology and trigger for anxiety was not identified. Additional consultation from a behavioral specialist was not noted. The continued use of Trazodone for anxiety is not medically necessary.

RETRO DOS 06/18/14 Norco 5/325 MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS Guidelines, it is not indicated as 1st line therapy for neuropathic pain and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use; long term-use has not been supported by any trials. In this case, the claimant has been on Tramadol (another opioid) for several months. The pain scale had good response. There is no indication that one opioid is superior to another. There was no indication of failure on Tylenol or NSAID. There was no mention of osteoarthritis where an opioid may be indicated. The claimant's function was good. The retrospective request for Norco 5/325mg #120 is not medically necessary.