

Case Number:	CM14-0134004		
Date Assigned:	08/27/2014	Date of Injury:	08/31/2010
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/21/2014

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:

Injured worker is a male with date of injury August 31, 2010. Per primary treating physician's progress report dated July 2, 2014, the injured worker complains of headaches and facial pain. He is doing well with the current medication regimen. He states before medication his pain is about an 8/10 and it comes down to a 3/10 with medication. Medications allow him to carry out activities of daily living such as cooking, cleaning, laundering and self-hygiene on an independent basis, also allows him to walk for exercise daily for 30 minutes. He is not reporting any adverse side effects. No aberrant behaviors are identified. Last random urine drug screen was consistent and he is not reporting lost or stolen medications and not requesting early refills. On examination there is ongoing tenderness to palpation over the facial bones. Diagnoses include 1) history of right facial fracture, multiple areas, complains of dizziness and blurry vision on the right side 2) posttraumatic stress disorder 3) brain MRI negative from January of 2011 other than low lying cerebellar tonsils, negative EEG studies, negative sleep studies 4) depression secondary to chronic pain issues and sleep issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/352 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behaviour that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. Continued use of Norco is medically necessary, however, the medical necessity for 3-6 months supply has not been established. The requesting physician reports that the injured worker is to get 1 month supply, not 3-6 months. The claims administrator modified the request to approve 1 month supply of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. The request for Norco 10/352 mg, thirty count, is not medically necessary or appropriate.

Motrin 800 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Motrin 800 mg, sixty count, is not medically necessary or appropriate.

Trazadone 50 mg, sixty count, is not medically necessary and appropriate.: 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 ILLNESS AND STRESS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment section.

Decision rationale: Trazodone is not addressed by the MTUS guidelines. According to the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. There is no current assessment of the continued need of trazodone. The benefits for sleep and depression in this particular injured worker are not addressed, and the request for three to six month supply is not consistent with the requesting physician's progress report which only mentions sixty tablets. The requesting physician is planning on follow up with the injured worker in 1 month. The request for Trazadone 50 mg, sixty count, is not medically necessary or appropriate.

Prilosec 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for ibuprofen has also been determined to not be medically necessary. This request for 3-6 month supply is also not consistent with the requesting physician's progress report that only mentions Prilosec 20 mg #60, with follow up in 1 month. The request for Prilosec 20 mg, sixty count, is medically necessary or appropriate.