

Case Number:	CM14-0139072		
Date Assigned:	09/05/2014	Date of Injury:	01/10/2001
Decision Date:	10/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 10, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; unspecified amounts of physical therapy; and multiple cervical spine surgeries. In a Utilization Review Report dated August 1, 2014, the claims administrator partially certified a request for Norco, denied a request for Percocet, and denied a request for Trazodone. The applicant's attorney subsequently appealed. In a progress note dated July 14, 2014, the applicant was described as using Norco for pain relief. The applicant was apparently having issues including weight gain, sleep disturbance, and teeth grinding. The attending provider posited that the applicant had developed obstructive sleep apnea and was in need of an oral appliance to ameliorate the same. In a progress note dated March 25, 2014, the applicant was placed off of work. The applicant had been deemed permanently disabled, it was suggested. A 4 to 6/10 pain was noted with medications versus 8/10 pain without medications. Limited cervical range of motion and muscle spasm were appreciated. Drug screen was performed. Colace, Norco, Lamictal, Desyrel and Celexa were renewed. On January 28, 2014, the applicant was again described as off of work. The applicant had not worked since November 1, 2013. Constant neck pain was noted, highly variable, ranging from 3-10. The applicant stated that he was having difficulty performing activities of daily living, including lifting, carrying, pushing, pulling, driving, reaching, sitting, and sleeping. Norco, Desyrel, Lamictal and Celexa were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #30 between 5/28/14 and 9/27/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. In this case, the attending provider does not clearly stated why multiple short acting opioids, namely Norco and Percocet, are being employed here. Therefore, the request is not medically necessary.

Trazodone 50mg #30 between 5/28/14 and 9/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 7.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone are recommended as a first line option for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medications efficacy into his choice of recommendations. In this case, however, the attending provider has not clearly stated how (or if) ongoing usage of trazodone has proven beneficial here. The applicant is off of work. The applicant has been deemed permanently disabled. The applicant remains highly reliant and highly dependent on several opioid drugs, including Norco and Percocet. All of the above, taken together, suggests a lack of functional improvement as denied in MTUS 9792.20f despite ongoing usage of trazodone. Therefore, the request is not medically necessary.

Norco 10/325mg #150 between 5/28/14 and 9/27/14: Upheld

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

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

Decision rationale: As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to

work, improved functioning, and reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is not working and has been deemed permanently disabled, it has further been suggested. While the attending provider did report some reduction in pain levels on one occasion with ongoing Norco usage, the attending provider failed to recount what activities of daily living had specifically been ameliorated as a result of the same. The information on file, moreover, suggested that applicant is having difficulty performing activities of daily living as basic as sitting, standing, lifting, carrying, etc., despite ongoing Norco usage. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.