

Case Number:	CM14-0150144		
Date Assigned:	09/18/2014	Date of Injury:	04/07/2011
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 53-year-old patient had a date of injury on 4/7/2011. The mechanism of injury was not noted. In a progress noted dated 8/4/2014, the patient complains of depression, which is a direct result of injury. Pain continues in left arm above elbow, and sleep medications are not strong enough. On a physical exam dated 8/4/2014, there is tenderness over the common flexor origin bilaterally. The common extensor origin is non-tender bilaterally. There are well-healed bilateral carpal tunnel release incisions. The diagnostic impression shows osteoarthritis, disc degeneration, neuroalgia. Treatment to date: medication therapy, behavioral modification, carpal tunnel surgery, physical therapy. A UR decision dated 8/20/2014 denied the request for Norco 10/325 #90, stating there was no documented objective evidence of functional benefit from previous usage. Methadone 5mg #60 was denied, stating this patient is on Norco which is 1st line and methadone is 2nd line drug for moderate to severe pain. Trazadone 100mg #30 was denied, stating guidelines only support use of this medication in patients with coexisting psychiatric symptoms, and there was no evidence of other pharmacologic therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: CA 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. In a progress note dated 8/4/2014, there was no documented functional improvement noted from the opioid regimen, and this patient has been on Norco since at least 5/29/2014. The patient continues to experience significant pain in elbow and depression as result of the pain. Therefore, the request for Norco 10/325 #90 was not medically necessary.

Methadone HCL 5mg #60: Upheld

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

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

Decision rationale: CA 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. In a progress note dated 8/4/2014, there was no documented functional improvement noted from the opioid regimen. Additionally, the patient is noted to be on Norco, and no rationale was provided regarding the medical necessity of methadone to this regimen. Furthermore, the patient continues to experience significant pain in elbow and depression as result of the pain. Therefore, the request for methadone 5mg #60 was not medically necessary.

Trazadone HCL 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant treatment for chronic pain.

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: CA MTUS does not address this issue. 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. In a progress note dated 8/4/2014, the patient is noted to have depression. However, the patient also claims that the sleep medications are not working. Furthermore, there was no discussion of failure of 1st line conservative treatment options such as over the counter medications. Therefore, the request for Trazodone 100mg #30 was not medically necessary.

