

Case Number:	CM14-0152320		
Date Assigned:	09/22/2014	Date of Injury:	09/06/2007
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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 Internal 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 patient is a 46 year old male who was injured on September 6, 2007 while he was carrying a 50-lb bag of rice and he was pouring the contents into a barrel when he injured his low back. He has been treated conservatively with 4 sessions of massage therapy. His medication history included Norco, Ms-Contin, Morphine sulphate ER, Trazodone and Cymbalta. The patient underwent one low back surgery in the form of global fusion in May 2011. Progress report dated August 26, 2014 indicated the patient presented with complaints of back pain that is moderate to severe in nature. The pain is fluctuating and occurs consistently located in the mid, low back and gluteal area. The pain radiates to the left lower extremity. The patient reported his symptoms are aggravated with activity and relieved by massage and pain medication. He reported that his pain score without medication is 10/10 and with medication a 7/10. Objective findings during examination revealed the patient had back pain but no other significant findings were documented. The patient was diagnosed with lumbosacral spondylosis without myelopathy, back sprain, myalgia, chronic pain due to injury, neck pain, cervical spondylosis without myelopathy, low back pain, and myositis. Prior utilization review dated August 18, 2014 indicated the request for Trazodone HCL 50 mg, thirty count, provided on July 28, 2014, the request for Senna laxative 8.6 mg, 120 count, provided on July 28, 2014, the request for Norco 10 mg/325 mg, 120 count, provided on July 28, 2014 and the request for Ket/Cyc/Dic/Gab/Orp/Tet (KCDGOT) 90 gm, quantity of one with three refills, provided on July 28, 20 are denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 50 mg, thirty count, provided on July 28, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 15-16.

Decision rationale: Trazadone is an anti-depressant that is generally used for depression, anxiety, or insomnia. The clinical documents did not sufficiently discuss the indication for Trazadone and the benefit the patient is obtaining from the medication. It appears the patient is using Trazadone for insomnia and has been using the medication chronically. Trazodone is not recommended for long-term use for insomnia and sleep aid medications are generally only recommended for 4-6 weeks of therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Senna laxative 8.6 mg, 120 count, provided on July 28, 2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/senna.html>

Decision rationale: The guidelines in general do not recommend laxatives for chronic long-term use. Laxatives should be used after a trial of conservative treatment including dietary changes and adequate hydration. The clinical documents did not discuss previous conservative therapies that the patient has tried and failed. The benefit and response to Senna therapy was not adequately discussed in the clinical notes. It is not clear if the patient is having the desired effect to therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Norco 10 mg/325 mg, 120 count, provided on July 28, 2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. The clinical documents provided show the patient has a significant improvement in analgesia with improved level of functioning and ADLs. There

does not appear to be any aberrant behavior or significant adverse effects. The patient had a recent urine drug screen with findings consistent with the medication profile. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Ket/Cyc/Dic/Gab/Orp/Tet (KCDGOT) 90 gm, quantity of one with three refills, provided on July 28, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. The guidelines state that any compounded product that contains at least one drug or drug class that is not recommended renders the entire medication to be not recommended. Cyclobenzaprine is a muscle relaxant that is not recommended for topical use. Gabapentin is also not recommended by the current guidelines for topical use. Some of the other ingredients are also not approved for topical use by the current guidelines and FDA. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.