

Case Number:	CM14-0154303		
Date Assigned:	09/23/2014	Date of Injury:	01/02/1998
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation and Pain 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 injured worker is a 63-year-old female who reported an injury on 01/02/1998. The mechanism of injury was not provided. On 07/11/2014, the injured worker presented with low back pain. Upon examination, the injured worker walked with a normal gait and there was a well healed midline lumbar spine incision. There was intact sensation to light touch in the lower extremities with decreased sensation of the S1 dermatomes. There was tenderness noted over the bilateral paravertebral musculature. There was 2+ reflexes in the knees and ankles and 5/5 strength in the lower extremities. The diagnoses were bilateral lumbar radiculopathy, L1-2 and L2-3 degenerative disc disease, L1-2 and L2-3 stenosis and status post L1-3 PSIF (posterior spinal instrumentation and fusion) 09/2012. The current medication list was not provided. The provider recommended Norco and trazodone. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325mg, with a quantity of 120 is not medically necessary. The California MTUS state that opioids is recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain relief, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. There is lack of documentation of the efficacy of the prior use of the medication. As such, medical necessity has not been established.

Trazodone 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The requested trazodone 100mg, with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment and treatment efficacy should include not only pain outcomes but also evaluation of function, changes in analgesic medications, sleep quality and duration and side effects including excessive sedation. There is lack of evidence of an objective assessment of the injured worker's pain level. Additionally, a frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.