

Case Number:	CM14-0157687		
Date Assigned:	09/30/2014	Date of Injury:	10/11/1996
Decision Date:	10/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 patient is a 59 y/o male who developed chronic cervical problems subsequent to an injury dated 10/11/96. Prior to multilevel decompression of the cervical spine on 4/9/14 this patient had severe pain was utilizing potent opioid medications. The surgery has been very successful for pain relief and it documented on 8/28/14 by the operating surgeon that the patient is not utilizing Opioid medications. The prescribing physician notes that pain levels are generally 1-3/10 VAS and the medications are not impacting this. It is also noted that functional levels have improved and remain the same with or without pain medications. The prescribing physician documents that the pain meds are going to be tapered. The patient is noted to have continued insomnia and there is no documentation of cognitive behavioral therapy for this problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 150mg, QTY: 30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009) , Official Disability Guidelines (ODG), Pain, (Mental Illness and Stress) and Pain (Chronic)

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; Mental and Stress, Insomnia Treatment

Decision rationale: MTUS Guidelines do not address the issue of chronic insomnia treatment. ODG Guidelines address this issue and do not recommend suddenly stopping medications for insomnia without addressing some of the root causes. ODG recommends several weeks of cognitive behavioral therapy (CBT) for insomnia prior to tapering and/or discontinuing use. There is no evidence that the patient has had (CBT). The Trazodone 150mg. #30 is medically necessary.

Tramadol HCL/Acetaminophen 37.5mg/325mg, QTY: 90, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to discontinue Page(s): 79.

Decision rationale: MTUS Guidelines recommend discontinuing and/or minimal use of Opioid medications when they are no longer necessary. The operating surgeon has stated that Opioids are no long being utilized and the prescribing physician has noted that the Opioids are not changing his improved post-surgical pain levels. The prescribing physician has documented that tapering of the medication is planned, but does not document what the same levels are prescribed. Future limited PRN use may be medically necessary, but the continued full prescribed Tramadol 37.5/325mg #90 with 3 refills is not medically necessary.