

Case Number:	CM14-0158512		
Date Assigned:	10/02/2014	Date of Injury:	03/29/2008
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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 is licensed to practice in Louisiana. 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 43-year-old male who was injured on 03/29/2008. The mechanism of injury is unknown. Prior medication history included Norco 10/325 mg, Trazodone 100 mg, Remeron 15 mg, and vitamin D 4000 units. The patient underwent a posterior lumbar fusion on 08/03/2004. He has received a transforaminal epidural injection to the lumbar spine at L4-L5 and L5-S1. Urine drug screen dated 03/18/2014 revealed hydrocodone, which is consistent with the patient's medication regimen. Progress report dated 05/13/2014 documented the patient to have complaints of low back pain and left lower extremity radicular pain. On exam, there is tenderness of the lumbar spine with mild spasm in the left paralumbar muscles. He also had decreased range of motion of the lumbar spine in all directions. The lower extremities revealed a negative straight leg raise on the right, but the left is positive. He had muscle tightness of the hamstring. He is diagnosed with left L5 radicular pain; 2 mm to 2.5 mm posterior disc bulge with mild central stenosis and mild bilaterally foraminal narrowing at L4-L5. The patient was prescribed Norco 10/325 as needed for pain; Trazodone 100 mg, and Remeron 15 mg. Prior utilization review dated 09/04/2014 states the request for 1 prescription for Trazodone 100mg #30 is modified to certify Trazodone 100 mg #15 with no refills; 1 prescription for Norco 10/325mg #150 is modified to certify Norco 10/325 mg #75; and 1 prescription for Remeron 15mg #60 is denied as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Trazodone 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Mental & Stress, Trazadone (Desyrel)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Trazadone.

Decision rationale: Based on the Official Disability Guidelines, Trazadone is recommended as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. Guidelines require documentation of pain relief, functional status, appropriate medication use and side effects with the continuous use of this medication. In this case, there is no documentation of improved sleep pattern to support the necessity of this medication therefore, the request for Trazadone 100 mg # 30 is not medically necessary and appropriate.

1 prescription for Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation of improvement in pain or function as there are documented complaints of ongoing pain and long-term use of Norco is not recommended by the guidelines. Therefore, the request for one prescription for Norco 10/325mg #150 is not medically necessary and appropriate.

1 prescription for Remeron 15mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2013. Mental & Stress, Antidepressants

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Mental & Stress, Antidepressants.

Decision rationale: The Official Disability Guidelines states that antidepressants are recommended, although not generally as a standalone treatment. Antidepressants have been found to be useful in treating depression, including depression with physically ill patients, as

well as chronic headaches associated with depression. There is an increased risk of depression with physical illness. In this case, there is no supporting documentation of objective functional improvement or decreased symptoms while on Remeron therefore, the request is not medically necessary.