

Case Number:	CM14-0169758		
Date Assigned:	10/20/2014	Date of Injury:	03/29/2011
Decision Date:	11/24/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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:

The injured worker is a 47 year old male with a date of injury on 3/29/2011. He is diagnosed with (a) sciatica, (b) syndrome postlaminectomy cervical, (c) disorders sacrum, and (d) stenosis spinal lumbar. He has history of headaches, hernias, hernia repair, and neck procedure 4/2011. A magnetic resonance imaging (MRI) of the cervical spine dated 2/23/2013 revealed status post anterior cervical discectomy and fusion at C5-6 without gross evidence of postoperative condition. Multilevel cervical spondylosis as described with mild central spinal stenosis at C4-5 and significant bilateral foraminal stenosis at C5-6. Bilateral lower extremity EMG dated 6/11/2012 noted (a) abnormal study, (b) suggestive but not diagnostic of left S1 radiculopathy. There was no suggestive acute denervation. A lumbar magnetic resonance imaging (MRI) scan dated 11/17/11 revealed (a) bilateral facet joint arthropathy at L1-2 level with mild compression on the ventral aspect of the thecal sac and moderate bilateral neural foraminal stenosis but no impingement on the nerve at this level is identified. (b) bilateral facet joint arthropathy of the L2-3 level with moderate central canal stenosis moderate right and moderately severe left neural foraminal stenosis with slight impingement on the left L2 nerve root. (c) Bilateral facet joint arthropathy at the level L3-4 with moderate central stenosis and severe bilateral neural foraminal stenosis resulting in impingement on both L3 nerve roots. (d) Bilateral facet joint arthropathy at L4-L5 level with severe central canal stenosis and bilateral neural foraminal stenosis resulting in impingement on both L4 nerve roots. (e) Bilateral facet joint arthropathy at L5-S1 with moderate right and moderately severe left neural foraminal stenosis resulting in slight impingement on the left L5 nerve root. Most recent records dated 9/26/2014 documents that the injured worker returned for follow-up for his chronic neck and back pain. He reported that he was status post lumbar epidural steroid injections on 9/9/2014 and noted excellent benefit from this injection and has able to decrease on his medication. He reported that his pain went down from 6/10 to 2/10

on visual analog scale (VAS) scale. He reported that his left lower extremity pain was diminished entirely although he does continue to feel intermittent coldness in his left leg that extends to throughout his entire left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Trazodone 50 mg #90 with a dos of 7/30/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Insomnia Treatment

Decision rationale: According to guidelines, trazodone is a sedating antidepressant that may be used to treat insomnia and can be used as an option in injured workers/injured workers with coexisting depression. In this case, records indicate that the injured worker is noted to have continued sleeping problems due to existing chronic pain with co-existing depression. The clinical presentation of the injured worker meets the indications for the use of this medication. Therefore, the medical necessity of the retrospective request for trazodone 50 mg #90 with a date of service of 7/30/2014 is established. Therefore the requested Retrospective request for Trazodone 50 mg #90 with a dos of 7/30/2014 is certified. The previous utilization review (UR) determination indicated that there is no evidence of objective functional gains such as Beck Anxiety Depression or Beck Depression Inventory score. This medication is primarily indicated for insomnia although this can be used if there is evidence of co-existing depression. Therefore the request is medically necessary.

Retrospective request for Diclofen Sodium cream 1.5% 60 gm with a dos of 7/30/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Topical analgesics are allowed if there is indication that the injured worker or injured worker is intolerant of side effects and that oral form of non-steroidal anti-inflammatory drugs (NSAIDs) have been tried and failed. According to the appeal letter of the injured worker's provider, diclofenac cream was used locally for the neck and back pain and the injured worker reported that it provided 30-40% relief of his pain and using the visual analog scale (VAS) his pain was brought down from 7/10 to 3-4/10. Also, the appeal letter indicated that he has tried several oral non-steroidal anti-inflammatory drugs (NSAIDs) and has history of gastrointestinal (GI) complications such as constipation, heartburn and excessive gas. Moreover,

the use of Diclofenac helped reduce pain locally and allowed him to sleep better at night. Due to the intolerance to systemic side effects and failure of the oral form of non-steroidal anti-inflammatory drugs (NSAIDs) in aiding or decreasing this injured worker's pain levels, the medical necessity of the retrospective request for Diclofenac Sodium cream 1.5% 60 gm with date of service 7/30/2014 is established. Therefore the request is medically necessary.