

Case Number:	CM14-0178393		
Date Assigned:	10/31/2014	Date of Injury:	10/13/2010
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency Medicine, and is licensed to practice in Texas. 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 61-year-old female who reported an injury on 10/13/2010. The mechanism of injury was not provided. On 04/21/2014, the injured worker presented with pain in the low back, left wrist, and neck. Current medications included Advair, Norco, Singulair, Albuterol, Atorvastatin, Bupropion, Levothyroxine, Metformin, Nabumetone, and Trazodone. Diagnoses were low back pain, chronic pain syndrome, cervicgia, myofascial pain, and shoulder pain. 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 5/325mg #90 with 2 refills: Upheld

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

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

Decision rationale: The request for Norco 5/325 mg with a quantity of 90 and 2 refills is not medically necessary. The California MTUS recommend the use of opioids for the 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 was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. There was no evidence of the treatment history and length of time the injured worker had been prescribed Norco. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

Trazodone 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apothecan, Inc. (2004), Desyrel (Trazadone)

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

Decision rationale: The request for Trazodone 100 mg with a quantity of 30 and 2 refills 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 of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medications, and sleep quality and duration. Side effects that include excessive sedation, especially which would affect work performance, should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration (between 6 to 12 weeks). There was a lack of evidence of an objective assessment of the injured worker's pain level. The frequency was also not provided in the request as submitted. As such, the medical necessity has not been established.