MAXIMUS Federal Services

Case Number:	CM14-0179734		
Date Assigned:	11/04/2014	Date of Injury:	02/21/2007
Decision Date:	12/09/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in 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 52-year-old female who reported an injury on 02/21/2007 due to an unknown mechanism. Diagnoses were right sacroiliitis, possibility of right lumbar radiculopathy, myofascial pain, chronic low back pain, right hip pain; status post left knee partial meniscectomy, bilateral knee pain, and degenerative joint disease bilateral knees. Physical examination on 09/12/2014 revealed that the injured worker continued to have persistent low back and lower extremity pain. The injured worker reported her pain severity as a 5/10. She reported her pain as deep, aching, stabbing, throbbing, and shooting pain. The injured worker did report she had a flare-up a few weeks ago and received a Toradol injection, which did help with the flare-up. The injured worker stated the pain medication was helping her symptoms a bit, but she is receiving more relief with the gabapentin 3 times a day. The injured worker reported the medication allowed her to be more active, and she was able to do light walking, exercise, and light work around her home. The injured worker reported she does drive without side effects or sedation. The injured worker was on Celebrex, but had stopped the medication due to gastrointestinal events. Zorvolex was helping with the pain and inflammation. Examination revealed there was no swelling or stiffness in the joints. There were tenderness and spasms noted in the lumbar facet joint paraspinal muscles, right gluteal region. There was dysesthesia to light touch on the right L5 dermatome. Strength was 5/5 in the right lower extremity. Medications were Trazodone 50 mg 2 at bedtime as needed, Norco 5/325 mg 1 twice a day, Zorvolex 35 mg 1 every 8 hours as needed, and gabapentin 300 mg 1 twice a day or 1 three times a day. It was reported that the injured worker had urine drug screens 3 to 4 times a year. Treatment plan was to continue with current medications. Also for the injured worker to continue with stretching and exercise program. The rationale and Request for Authorization were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chronic Pain, Chapter 6, Revised, page 99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16-17.

Decision rationale: The decision for trazodone 50 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The Medical Guidelines state that sleep quality and duration should be assessed for injured workers on an antidepressant. There was no documentation submitted for review to provide evidence of sleep quality or duration. Also, the request does not indicate a frequency for the medication. There were no reports of functional improvement or side effects from the use of this medication. There were no changes in the other analgesic medications. Therefore, this request is not medically necessary.

Norco 5/325 mg, sixty count: Upheld

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

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

Decision rationale: The decision for Norco 5/325 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to include pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and

aberrant behaviors. The long term use of these medications should be based on measurements of pain relief and documented functional improvement without side effects or signs of aberrant use. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.