

Case Number:	CM14-0026032		
Date Assigned:	06/13/2014	Date of Injury:	01/29/2013
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 41-year-old male who reported an injury on 01/29/2013 due to a slip and fall. The clinical note dated 03/17/2014 noted the injured worker presented with low back, bilateral hip, and left knee pain. Previous therapy included medication and therapy. Upon examination of the left lower extremity, there was significant peripatellar effusion noted, examination of the lumbar spine revealed a previous incision that is well healed, tenderness to palpation of the lower lumbosacral region, and range of motion values for the thoracolumbar were 60 degrees of flexion, 0 degrees of extension, 30 degrees of bilateral rotation, and 30 degrees of bilateral lateral bending. The injured worker was noted to be limping significantly due to left knee pain, and heel to toe walking was difficult to perform due to left knee pain. The diagnoses were L4-5 lateral recess stenosis bilaterally, L4-5 lumbar disc degeneration, and L3-4 lumbar disc degeneration. The provider recommended Percocet, trazodone, and Vistaril. The request for authorization form was not provided in the medical documents to review and the provider's rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #145: Upheld

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

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

Decision rationale: The request for Percocet 10/325 mg with a quantity of 145 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is not enough 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. The injured worker has been prescribed Percocet since at least 01/2013, the efficacy of the medication was not provided. The frequency of the medication was not provided in the request. Therefore, the request is not medically necessary.

TRAZADONE 50MG #90: Upheld

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

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

Decision rationale: The request for trazodone 50 mg with a quantity of 90 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 and treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance should be assessed. It is recommended that these outcomes should be measured and initiated at 1 week of treatment with the recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most of the blind trials have been of short duration between 6 to 12 weeks. There is a lack of evidence of an objective assessment of the injured worker's pain level. There is also a lack of evidence of the treatment concerning the antidepressant therapy. Trazodone is ongoing medication for the injured worker; however, there is no documentation as to how long this medication has been prescribed. The efficacy of the medication was not provided. The frequency of the medication was not provided in the request. Therefore, the request is not medically necessary.

VISTARIL 25MG #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, Vistaril, On Line Database www.rxlist.com/vistaril.

Decision rationale: The request for Vistaril 25 mg with a quantity of 90 is not medically necessary. The Rx list state that Vistaril is for symptomatic relief of anxiety and tension. The effectiveness of hydroxyzine, also known as Vistaril, as an antianxiety agent for long-term use, more than 4 months, has not been assessed for systematic clinical studies. The physician should reassess periodically for the usefulness of the drug for the individual patient. An adequate examination of the injured worker was not provided detailing current deficits to warrant the use of Vistaril. The documentation indicates that Vistaril is an ongoing medication; however, the date at which the injured worker has been prescribed this medication from has not been provided. The efficacy of the medication was not provided. The frequency of the medication was not provided in the request. Therefore, the request is not medically necessary.