

<b>Case Number:</b>	CM14-0030875		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/25/1989
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 an 81-year-old male who reported an injury on 06/05/1999 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included ankle arthrodesis of the right side. The injured worker's postsurgical chronic pain was managed with medications. The injured worker was evaluated on 08/20/2013. It was documented that the injured worker used Norco on occasion to assist with pain control. It was documented that the injured worker's Colace was not helpful for constipation. It was documented that the injured worker's trazodone helped with nighttime symptoms. The injured worker's medication schedule included Norco 10/325 mg by mouth as needed, Trazodone 50 mg at nighttime, Colace 100 mg by mouth 2 to 3 a day, and Tylenol extra strength over-the-counter. The injured worker's diagnoses included patellofemoral osteoarthritis of the left knee, and a history of partial hearing loss due to industrial exposure. The injured worker's treatment plan at that appointment included continuation of medications and discontinuation of Colace. Senokot-S was initiated. The injured worker was evaluated on 01/16/2014. It was documented that the injured worker had 3/10 pain that is reduced to 1/10 to 2/10 with medication usage. It was documented that the injured worker was supplied with 3 months of his medications. A Request for Authorization dated 02/04/2014 was noted to include an orthopedic consult for the right ankle, Norco 10/325 mg #120, trazodone 50 mg #180, and Senokot-S #360, and tramadol 50 mg #100 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective norco 10/325 mg, # 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The retrospective request for Norco 10/325 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 08/2013. However, the request as it is submitted is a retrospective request and does not specifically identify a date of service. Therefore, there is no way to determine what documentation is being used to support the request. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the retrospective Norco 10/325 mg #120 is not medically necessary or appropriate.

**Retrospective trazadone 50 mg, # 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia Treatments.

**Decision rationale:** The retrospective trazodone 50 mg #180 is not medically necessary or appropriate. California MTUS schedule does not address this request. Official Disability Guidelines recommend sedating antidepressants to assist with insomnia related complaints for short durations of treatment. The clinical documentation does indicate that the patient has been on this medication since 08/2013. However, the request as it is submitted is for a retrospective review without a date of service identified within the request. Therefore, there is no way to determine what documentation is being used to support the request. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the retrospective trazodone 50 mg #180 is not medically necessary or appropriate.

**Retrospective senokot-s, # 360:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City, University of Iowa.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** The retrospective request for Senekot-S #360 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends prophylactic treatment of constipation when injured workers are initiated with opioid therapy. Clinical documentation does support that the injured worker is on chronic opioid therapy and has been using this medication since 08/2013; however, the request as it is submitted is for a retrospective review without a specific date of service identified. In the absence of this information there is no way to determine what documentation is being used to support the request. Furthermore, the request as it is submitted does not specifically identify a dosage or frequency of treatment. Therefore, the retrospective request for Senokot-S #360 is not medically necessary or appropriate.

**Retrospective tramadol 50 mg # 100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The retrospective request for tramadol 50 mg #100 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 08/2013; however, the request as it is submitted is a retrospective request and does not specifically identify a date of service. Therefore, there is no way to determine what documentation is being used to support the request. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the retrospective tramadol 50 mg #100 is not medically necessary or appropriate.