

Case Number:	CM14-0044400		
Date Assigned:	06/20/2014	Date of Injury:	11/30/2000
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 55 year-old with a date of injury of 11/30/00. A progress report associated with the request for services, dated 02/24/14, identified subjective complaints of back pain with intermittent leg pain. It was noted that there were no medication side-effects. No psychiatric symptoms are noted. Objective findings included spasm about the lumbar spine. There was mild weakness. Straight leg-raising was positive. Diagnoses included lumbosacral spondylosis and sciatica. Treatment has included oral analgesics, non-steroidal anti-inflammatory drugs NSAIDs, muscle relaxants, a laxative, and antidepressants. A Utilization Review determination was rendered on 03/11/14 recommending non-certification of "Docusate Sodium 100mg #60 with 3 refills; Valium 5mg #30; and Trazodone 50mg #90".

IMR ISSUES, DECISIONS AND RATIONALES

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

DOCUSATE SODIUM 100MG #60 WITH 3 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-Induced Constipation Treatment.

Decision rationale: Docusate is a stool softener. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend prophylactic treatment of constipation with the initiation of opioids. The non-certification was based up lack of documentation of opioid-induced constipation. However, the Guidelines support the prophylactic use of stool softeners with the long-term use of opioids. Therefore, there is documented medical necessity for docusate.

VALIUM 5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Diazepam (Valium) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. They further note that that they are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, there is documentation of longer-term use. Therefore, the record lacks documentation for the medical necessity of diazepam (Valium).

TRAZADONE 50MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress.

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 & Stress, Trazadone.

Decision rationale: Desyrel (Trazodone) is an SSRI class antidepressant. The California Medical Treatment Utilization Schedule (MTUS) does not address the medication. The Official Disability Guidelines (ODG) state that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression and anxiety. In this case, Trazodone has been prescribed for sleep, and the record does not document coexisting psychiatric symptoms. Therefore, there is no documentation for the medical necessity of Desyrel (Trazodone).