

Case Number:	CM14-0046524		
Date Assigned:	04/25/2014	Date of Injury:	01/25/2002
Decision Date:	05/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 patient is a 54-year-old female with a date of injury of 01/25/2002. The listed diagnoses according to [REDACTED] are: 1. Chronic neck and upper back pain, 2. Chronic right lateral epicondylitis, and 3. Psych claim defer to appropriate specialist. According to report dated 03/01/2014, the patient presents with chronic neck and upper back pain. It was noted since last visit she has been doing well and symptoms are unchanged. The treating provider states medications are helping. Examination of the cervical spine revealed extension 30, flexion 35, right and left rotation 70. Right elbow shows tenderness laterally. There is decreased supination and pronation at 60 degrees. Wrist shows healed incision on the right volar wrist. There is negative Spurling's and L'hermitte's motor strength is 5-/5 in the right upper extremity. Treatment plan includes, Norco 5 mg/325 mg #90 with 2 refills for severe pain, Trazodone 150 mg #30 with 2 refills and Tizanidine 4 mg #30 with 2 refills for spasm. Utilization review is dated 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 150MG #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 OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION SEDATING ANTIDEPRESSANTS.

Decision rationale: This employee presents with chronic neck and upper back pain. The treating provider is requesting a refill of trazodone 150 mg #30 with 2 refills. Trazodone is classified as an antidepressant. The MTUS Guidelines on antidepressants page 13 to 17 states they are "Recommended as a first line option for neuropathic pain and is a possibility for non neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. In this case, the medical records provided for review from 09/04/2013 to 03/11/2014 does not provide any discussions of sleep issues in this employee, but the employee has been suffering from depression since 2011. Medical records indicate this employee has been taking this medication since 09/04/2013, possibly earlier as this is the earliest progress report provided for review. None of the reports provide any discussion on the efficacy of this medication. The MTUS guidelines, page 60, requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

TIZANIDINE 4MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTISPASTICITY / ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This employee presents with chronic neck and low back pain. The treating provider is requesting a refill of tizanidine 4 mg #30 with 2 refills. The MTUS Guidelines, page 66, allows for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. Medical records indicate this employee has been taking this medication since 09/04/2013, possibly earlier as this is the earliest progress report provided for review. The MTUS guidelines, page 60, requires documentation of pain assessment and functional changes when medications are used for chronic pain. The four progress reports provided for review has no discussion on the efficacy of this medication. Recommendation is for denial.

NORCO 5/325MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, CRITERIA FOR USE OF OPIOIDS, OPIOIDS FOR CHRONIC PAIN Page(s): 60--61; and CRITERIA FOR USE OF OPIOIDS, OPIOIDS FOR CHRONIC PAIN , PAGES 80-81.

Decision rationale: This employee presents with chronic neck and low back pain. The treating provider is requesting Norco 5/325 mg #90 with 2 refills. Medical records indicate that this

employee has been taking Vicodin on a long-term basis. On 03/11/2014, the treating provider switched prescription from Vicodin to Norco for the employee's pain. The MTUS Guidelines page 76 and 77 criteria for initiating opioids recommends that reasonable alternatives have been tried, consider the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to indicate that baseline pain and functional assessments should be made and once the criteria have been met, a new course of opioids may be tried at that time. In this case, the treating provider does not provide baseline pain or any functional assessment to necessitate a start of a new opioid. In addition, the treating provider does not discuss if Vicodin was or was not working making it unclear as to why a new medication is being trialed. The requested Norco is not medically necessary and recommendation is for denial.