

Case Number:	CM14-0047372		
Date Assigned:	07/02/2014	Date of Injury:	08/23/2012
Decision Date:	08/06/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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:

The patient is a 47 year old male who was injured on 8/23/2012. The diagnoses are low back pain, status post L4-L5 laminectomy and failed back syndrome. There are associated diagnoses of anxiety and depression. The CT scan and MRI of the lumbar spine showed multilevel degenerative disc disease, facet hypertrophy and L3-L4 unstable collapsed vertebrate. On 7/3/2014, [REDACTED] documented subjective complaints of pain score of 8-9/10 without medications and 5/10 with medications. The patient is able to increase walking, activities of daily living, take his kids to school and do housework chores. No aberrant behavior was noted. The patient is awaiting surgery for lumbar spine fusion by [REDACTED]. The medications are Motrin, Norco and Percocet for pain, Trazodone for depression and anxiety and Omeprazole for the prevention and treatment of NSAIDs related gastritis. On 4/10/2014 the UDS was reported to be Consistent. A Utilization Review determination was rendered on 4/4/2014 recommending non certification for Motrin 800mg #90 and modified certification for Trazodone 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg quantity 90 no refill (po tid): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS and the ODG guidelines addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is utilizing Motrin 800mg during exacerbation of pain. The use of Motrin has enabled the patient to be able to increase ADL, increase walking, perform housework and take care of the children. No side effects have been reported. The criterion for the use of Motrin 800mg #90 was met. Therefore the request is medically necessary.

Trazodone 50mg (bid qhs): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress.

Decision rationale: The California MTUS and the ODG guidelines support the use of Trazodone for the treatment of insomnia, depression and anxiety associated with chronic pain syndrome. Assessment for treatment efficacy should include pain outcomes, activities of daily living/physical functions, changes in analgesic medication utilization, sleep quality and psychological status. The record indicates that the patient was diagnosed with insomnia, anxiety and depression. The utilization of medications including Trazodone has enabled the patient to improve physical function. No side effects or aberrant behaviors were reported. The UDS was consistent. The criterion for the use of trazodone 50mg was met. Therefore the request is medically necessary.