

Case Number:	CM14-0048189		
Date Assigned:	07/02/2014	Date of Injury:	01/22/1998
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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 patient is 57-year-old female who has submitted a claim for left scapular fracture, brachial plexus injury left side, left shoulder dislocation, CRPS, sleep disturbance, dysphoria, left knee internal derangement, chronic lumbar pain associated from an industrial injury date of January 22, 1998. Medical records from 2014 were reviewed, the latest of which dated February 18, 2014 revealed that the patient is in a lot of pain today, rated 7/10. She is very distressed because the carrier will not give her the medication required to control her pain. The patient is having migraine on a twice a week basis. The left shoulder is very painful since the weather turned very cold and wet. She is extremely depressed and cries a lot. She remains without sleep because of pain and stress. She complains of spasm. She is having left sided hip pain and low back pain. Her left leg continues to bother her. She has cramping in both hands and feet. On physical examination, her gait is less antalgic. The pain around the left peripatellar area is lessened. There is limitation in range of motion of the lumbar spine in extension to approximately 75% and in flexion to approximately 50%. There is limitation in range of motion of the left shoulder in abduction to approximately 50%, and there is positive rotator cuff sign. There is positive Adson's and EAST on the left. The palms of hands turn blue with EAST maneuver. Treatment to date has included medications: Percocet, Valium, Trazodone, Oxycontin, Lunesta, Cymbalta and Topamax. Utilization review from March 25, 2014 modified the requests for Percocet 10/325 #150 to Percocet 10/325 #120 from 3/25/14 to 4/4/14 because Percocet has been previously authorized in the amount of #120 for breakthrough pain; modified the request for Valium 10mg #30 to Valium 10mg #15 because there has been no subsequent documentation that suggest the patient requires beyond this amount; and modified the request for Trazodone 50mg #90 to Trazodone 50mg #30 from 3/25/14 to 4/4/14 because the patient does not take three tablets at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Percocet since January 2014 for breakthrough pain. However, there was no documentation of recent pain relief, functional improvement, or urine toxicology reviews. There is no discussion to support the need for continuation of opioid use. Therefore, the request for Percocet 10/325 #150 is not medically necessary.

Valium 10mg #30: Upheld

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

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

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. The patient has been on Diazepam (Valium) since January 2014 for anxiety symptomatology. In the most recent clinical evaluation, there was no subjective and objective finding to support the diagnosis of anxiety. There is no discussion to support the need for continuation of Diazepam use. Moreover, extension of treatment is beyond guideline recommendation. Therefore, the request for Valium 10mg #30 is not medically necessary.

Trazodone 50mg #90: 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), Mental Illness & Stress Chapter, Trazodone.

Decision rationale: CA MTUS does not address the topic on Trazodone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The patient has been on Trazodone since January 2014 for sleep. The patient has sleep disturbance with anxiety symptomatology. However, the most recent clinical evaluation does not document subjective or objective finding that support the diagnosis of insomnia. Moreover, there was no discussion concerning the patient's sleep hygiene. The medical necessity of Trazodone was not established. Therefore, the request for Trazodone 50mg #90 is not medically necessary.