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| Case Number: | CM14-0051044 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 01/08/2003 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/01/2014 |
| Priority: | Standard | Application Received: | 03/05/2014 |

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 applicant filed a claim for chronic low back pain reportedly associated with an industrial injury of January 8, 2003. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; muscle relaxants; opioid therapy; and the apparent imposition of permanent work restrictions through a medical-legal evaluation. The applicant's attorney subsequently appealed. In a medical-legal evaluation of September 12, 2012, the applicant was described as having previously been given a 48% permanent disability rating. It was suggested that the applicant had not worked past the date of injury. The applicant received Norco on a handwritten note of September 25, 2012 and October 23, 2012. On December 16, 2013, the applicant apparently presented with persistent complaints of chronic low back pain. The applicant stated that he was able to function with medications, including home chores, laundry, and cleaning. The applicant stated that he would be bedbound without his medications. Norco, Dexilant, Amrix, capsaicin, and trazodone were refilled. It was stated that the applicant was using two tablets of Norco every four hours for total of eight tablets a day. It was not stated for what purpose Amrix, capsaicin, trazodone, and/or Dexilant were being furnished. On a previous note of October 21, 2013, the applicant was again given refills of Norco, Dexilant, Amrix, capsaicin, and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #330: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids , criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 80, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the applicant has returned to work, the attending provider has posited that the applicant's ability to perform household chores, ambulate, and move about has been ameliorated as a result of ongoing therapy with Norco. Continuing the same, then, on balance, is indicated. Therefore, the request is medically necessary.

1 Prescription of Dexilant 60mg #30 with 5 refills: 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 Chronic Medical Treatment Guidelines, page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Medical Treatment Guidelines does support provision of proton pump inhibitors such as Dexilant to combat NSAID-induced dyspepsia, in this case, however, several progress notes, cited above, made no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, for which ongoing usage of Dexilant would be indicated. Therefore, the request is not medically necessary.

1 Prescription of Amrix 15mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, page 41, Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Medical Treatment Guidelines, addition of cyclobenzaprine or Amrix to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco, which has been approved, above. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

1 Prescription of Trazodone 5mg #30 with 5 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); Pain (Chronic) ; Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Trazodone, an atypical antidepressant, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does support a brief course of antidepressants to help alleviate symptoms of depression, in this case, however, no mention of any active symptoms of depression for which ongoing usage of trazodone would be indicated was documented on any of the progress notes cited above. It was not clearly stated for what purpose trazodone was being employed here. It was not clearly stated whether trazodone was being employed for pain, depression, sleep, or some other purpose. Therefore, the request is not medically necessary.