MAXIMUS Federal Services

Case Number:	CM14-0071519		
Date Assigned:	07/16/2014	Date of Injury:	10/30/2011
Decision Date:	10/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 43-year-old gentleman was reportedly injured on October 30, 2011. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Gabapentin, Colace, Trazodone, and Norco. The physical examination demonstrated the presence of an antalgic gait. There was decreased lumbar spine range of motion and tenderness along the lumbar spine paravertebral muscles with spasms. There was also a positive facet loading test and a positive left-sided straight leg raise test. There was increased sensation over the bilateral anterior leg and medial toes. Diagnostic imaging studies of the lumbar spine showed a disc herniation at L4 - L5. Previous treatment includes a total hip arthroplasty, hip steroid injections, a lumbar epidural steroid injection, and oral medications. A request had been made for a generic prescription drug and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78,107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress note dated April 4, 2014 indicates an objective decrease of pain with the usage of Norco as well as increased ability to perform activities of daily living. The injured employee is also stated to be able to walk and stand for greater period of time. Considering this, this request for Norco 10/325 is medically necessary.

Prescription Trazodone 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain: Clinical Measures; Medications-Antidepressants (Electronically Cited)

Decision rationale: Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with anti-anxiety and sleep-inducing effects. MTUS/ACOEM practice guidelines do not support Trazodone for treatment of chronic persistent pain or insomnia without depression. Review of the available medical records fails to document a diagnosis of depression. As such, this request for Trazodone is not medically necessary.