

Case Number:	CM14-0072422		
Date Assigned:	07/16/2014	Date of Injury:	01/15/2007
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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:

Patient is a 67-year-old with date of injury January 15, 2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated January 27, 2014, lists subjective complaints as pain in the neck with radicular symptoms to her arms bilaterally. Objective findings: No examination of the cervical spine was documented. It was noted that the patient was very tender diffusely over the joints of the thumbs bilaterally. Diagnosis: 1. Cervicalgia 2. Displacement of lumbar intervertebral disc without myelopathy. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg/acetaminophen 325 mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Therefore, the request for Hydrocodone 10mg/acetaminophen 325 mg, sixty count with one refill, is not medically necessary or appropriate.

Cyclobenzaprine 5 mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines; Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking Flexeril for at least 6 months, much longer than the short course recommended by the MTUS. Therefore, the request for Cyclobenzaprine 5 mg, sixty count with one refill, is not medically necessary or appropriate.

Trazodone 50 mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines; Anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Therefore, the request for Trazodone 50 mg, sixty count with one refill, is not medically necessary or appropriate.