

Case Number:	CM14-0089212		
Date Assigned:	07/23/2014	Date of Injury:	07/03/2002
Decision Date:	09/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Interventional Spine 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 a 64-years-old male with an injury date on 07/03/2002. Based on the 04/24/2014 progress report provided by the requesting provider, the diagnoses are spinal/lumbar degenerative disk disease (DDD); low back pain; lumbar facet syndrome. According to this report, the patient complains of lower backache. Pain level has remained unchanged since last visit. The patient's activities level has remained the same. The patient also mentions, "Quality of sleep is poor" and "poor sleep due to his pain." The patient's current medications are Nexium, Norco, Soma, and Zolof; "medication are working well." Physical exam reveals restricted lumbar range of motion. Tenderness and tight muscle are noted at the bilateral lumbar paravertebral area and across axial low back. Per treater, with the use of Norco, the patient's "pain decreased by about 70%" within one hour and lasting for an average of 3 hours. There were no other significant findings noted on this report. The utilization review denied the request on 06/06/2014. The requesting provider provided treatment reports from 12/05/2013 to 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain) Page(s): 60-60, 80-81, 88-89.

Decision rationale: The treater is requesting Norco 10/325mg #90. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows that the patient has been taking Norco since 12/05/2013 and it is unknown exactly when the patient initially started taking this medication. The report also mentions the patient's pain is decreased by about 70% within one hour and lasting for an average of 3 hours. In this case, some outcome measures are provided. However, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No specific ADL's, return to work are discussed. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is not medically necessary.

Trazodone 50 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic 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 Chapter, Insomnia, Sedating Antidepressants.

Decision rationale: The treater is requesting a trial of Trazodone 50 mg #30. Trazodone is classified as an anti-depressant. The MTUS Guidelines on antidepressants page 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. In this case, the patient suffers from chronic low back pain with significant insomnia but there is no documentation of depression. Recommendation is not medically necessary.