

Case Number:	CM14-0186760		
Date Assigned:	11/14/2014	Date of Injury:	11/29/2012
Decision Date:	01/05/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work related injury on November 29, 2012. Subsequently, she developed chronic low back pain. According to a progress report dated September 11 2014, the patient continued complaining of lower back pain that she rated as an 8/10 with radiation to the bilateral legs to the knee level with numbness in the bilateral thighs. Examination of the lumbosacral spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There were muscle spasms. The patient was diagnosed with NSAID induced gastritis, chronic low back pain, lumbar radiculopathy, and insomnia. The provider requested authorization for Norco and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines < Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. The patient reported side effect from long-term use of Norco. Therefore, the prescription of Norco 5/325MG #60 is not medically necessary.

Trazadone 5 mg, 30 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants for (chronic pain), <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. Therefore, the request for Trazodone is not medically necessary.