

Case Number:	CM14-0192100		
Date Assigned:	11/25/2014	Date of Injury:	07/02/2014
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old male who was injured at work on 07/02/2014. The injured worker is reported to be complaining of continuing pain in the neck, back, wrist, elbow, foot, and right hip; insomnia. The physical examination revealed bilateral positive straight leg raise. The worker has been diagnosed of osteoarthritis of the hip, pain in pelvis and thigh, stiffness in joint of upper limb, degeneration of lumbar/ lumbosacral intervertebral disc, intervertebral thoracic disc disease without myelopathy, cervicalgia, and pain in thoracic spine, lumbago, lumbar sprain and strain. Treatments have included Norco and Naproxen. At dispute are the requests for Kadian 40 mg #30; Norco 10 mg #150; Lorazepam 1 mg #60; Trazodone 800 mg #31.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California code of regulations, title 8

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 93.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Kadian 40 mg #30. The MTUS recommends the use of controlled, extended and sustained

release preparations of opioids for patients with chronic pain, who are in need of continuous treatment. The records provided do not indicate the injured worker has failed treatment with first line medications; the records do not indicate a treatment plan has been set in place as recommended before initiating opioid treatment. This includes, asking questions like, are there reasonable alternatives to treatment, and have these been tried? Psychological assessment, assessing the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Therefore, the requested treatment is not medically necessary and appropriate.

Norco 10 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Norco 10 mg #150. The records do not indicate a treatment plan has been set in place as recommended before initiating opioid treatment. This includes, asking questions like, are there reasonable alternatives to treatment, and have these been tried? Psychological assessment, assessing the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Additionally, despite being on Norco, the records indicate the injured worker has been maintained on the same work restrictions, suggesting there has been no functional improvement. Therefore, the requested treatment is not medically necessary and appropriate.

Lorazepam 1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines

Decision rationale: The medical records provided for review do not indicate a medical necessity for Lorazepam 1 mg #60. The MTUS recommends against long-term use of the Benzodiazepines because long-term is associated with dependence. The official disability Guidelines lists it as "N" drug, belonging to the class of drugs that requires utilization review. The guidelines additionally recommends that if the prescriber wishes to prescribe it despite the recommendation against its long term use, the Indications for use should be provided at the time of initial prescription. The records reviewed did not specify the indication. Therefore, the requested treatment is not medically necessary and appropriate.

Trazodone 800 mg #31: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone (Desyrel)

Decision rationale: The medical records provided for review do not indicate a medical necessity for Trazodone (Desyrel). The MTUS is silent on this drug, but the Official Disability Guidelines only recommends it for people with coexisting insomnia and mild psychiatric symptoms such as depression or anxiety. There is no indication the injured worker has coexisting depression or anxiety disorder; therefore, the treatment is not medically necessary and appropriate.