

Case Number:	CM14-0192455		
Date Assigned:	11/26/2014	Date of Injury:	02/02/2001
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Emergency 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:

The injured worker has a reported date of injury on 2/2/2001. No mechanism of injury was documented by the treating provider except to note that "this was addressed in the past" and still fails to document any mechanism of injury. Diagnosis is charted as lumbar degenerative disc disease with spinal stenosis, post IDET at L4-5 and L5-S1; bilateral lumbosacral radicular pain; intractable low back pain; morbid obesity, "questionable hypertension", resolved bilateral knee pains and R knee strain/pain. Medical reports were reviewed. The last report was available until 10/27/14. The patient presented on 10/27/14 for "reevaluation". There is no documented complaint on progress note dated 10/27/14 or 9/23/14. An objective exam reveals antalgic slow gait. Neck exam is normal. Range of motion (ROM) is normal. Lumbar exam reveals midline tenderness from L2-S1 and the bilateral paravertebral tenderness and facet tenderness. Straight leg raise, sitting and laying, was reportedly positive on L side. R knee exam reveals tenderness to medial area. ROM is painful and there is decreased pain sensation to L5-S1 nerve roots. Motor exam reveals mild weakness to L lower extremity. The patient has a report dated 10/24/14 that directly addresses the denial. Provider claims that "none of the criteria that applies to Soma applies to this patient" and will have muscle spasms without it. The patient has reportedly failed other muscle relaxants in the past. Prozac and Trazodone is reportedly for neuropathic pain. The provider states that the patient has improved activity of daily living, has appropriate urine drug screen and low risk for abuse. No recent imaging or electrodiagnostic reports were provided for review. Urine Drug Screen dated 9/23/14 was positive for Hydromorphone and morphine. Documented medications include MS Contin, Soma, Prozac, Trazodone, Dendracin cream, Celebrex, Oxybutynin, Phenazopyridine and other topical creams. An Independent Medical Review is for MS Contin 100mg #270, Prozac 20mg #60, Trazodone 150mg #30 and Soma 350mg #120. Prior UR on 10/20/14 recommended non-certification. It certified Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: MS Contin is Morphine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The documentation does not meet the appropriate documentation of required criteria. The documentation by the provider despite the letter dated 10/24/14 and new progress note dated 10/27/14 continues to fail to document necessity for opioid therapy. There is no appropriate objective documentation of pain improvement (there is not a pain scale documented in the chart) or improvement in activity of daily living. The generic statement used by the provider claiming "50% improvement in pain" and "50% improvement in activity of daily living" fails to meet the MTUS documentation requirement for objective improvement. The provider did not address why the patient's urine drug screen was positive for Hydromorphone/Dilaudid which is not documented as a prescribed medication. The provider also did not document any attempt to check CURES except to claim that the pharmacist checks it. The number of tablets of MS Contin prescribed is inappropriate and fails MTUS guidelines concerning close monitoring of opioid therapy. The request for MS Contin is not medically necessary.

Prozac 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-16.

Decision rationale: Prozac is fluoxetine, an SSRI (selective serotonin reuptake inhibitor) antidepressant. As per the MTUS Chronic pain guideline, antidepressants for chronic and neuropathic pain may be considered. Tricyclic antidepressants are considered 1st line and SNRIs are considered 2nd line. SSRIs are considered 3rd line and have poor evidence to show efficacy in chronic pain or neuropathic pain. It has been shown to have no effect in low back pain. The MTUS guideline requires documentation of treatment efficacy which includes evaluation of function, changes in analgesic use, sleep and psychological assessment. The provider has failed to document anything to support use of Prozac. There is no appropriate documentation as to why a 3rd line medication is being used and there is no appropriate documentation of efficacy. As such, the request for Prozac is not medically necessary.

Trazodone 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-16.

Decision rationale: Trazodone is a SARI (serotonin antagonist and re-uptake inhibitor) antidepressant. As per MTUS Chronic pain guideline, antidepressants for chronic and neuropathic pain may be considered. Tricyclic antidepressants are considered 1st line and SNRIs are considered 2nd line. SARIs have little evidence at present to support its use in neuropathic pain as per MTUS guidelines and Official Disability Guidelines although it may be useful in fibromyalgia which the patient does not have. The MTUS guideline requires documentation of treatment efficacy which includes evaluation of function, changes in analgesic use, sleep and psychological assessment. The provider has failed to document needed components to recommend continued use of Trazodone. While this medication may be beneficial for chronic pain, the provider has failed to provide appropriate documentation of efficacy. The request for Trazodone is not medically necessary.

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

Decision rationale: As per the MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The provider's opinion that evidence based guideline a criterion does not apply was considered and considered irrelevant as per the MTUS guidelines. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.