

Case Number:	CM14-0194178		
Date Assigned:	12/01/2014	Date of Injury:	08/28/2013
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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:

This individual is a 51 y/o male who had developed a chronic pain syndrome secondary to an injury dated 8/28/13. He has been diagnosed with cervical spondylosis with central stenosis in the mid cervical levels, lumbar pain with radiculopathy, bilateral knee pain due to DJD and shoulder pain. He is reported to have had bilateral knee surgeries that included chondroplasty and meniscal debridement. He has had a lumbar epidural injection without success. He is reported to have sleep disturbance and some depression secondary to his pain. There is no reporting of VAS levels or detail regarding the use and benefits of opioid medications. He is prescribed Norco 10/326 #90 and Trazadone 50mg. #45 every 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Index, 11th Edition (web) 2013, Mental Illness & Stress/Trazodone

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

Decision rationale: MTUS Guidelines do not address this medication. ODG Guidelines do address this medication and supports its use for insomnia if there is an associated degree of depression. This individual meets these criteria. The most up to date ODG Guidelines supports long term use of appropriate sleep aids if CBT is not provided and the cause of insomnia is primary i.e. caused by pain. The Trazadone 50mg. #45 is medically necessary.

Norco 10/325mg: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific regarding the acceptable standards of care to responsibly recommend the long-term use of opioids. The standards include frequent monitoring and documentation of specific use patterns, amount of pain relief, length of pain relief and effects on function. The prescribing physician does not meet these Guideline standards. The opioid medications may be appropriate for this individual, but the prescribing physician does not reasonably meet the Guideline standards that justify long-term opioid use. Under these circumstances the Hydrocodone 10/325mg. #90 is not consistent with Guidelines and is not medically necessary.