

Case Number:	CM14-0199786		
Date Assigned:	12/10/2014	Date of Injury:	12/31/2009
Decision Date:	02/26/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old male who sustained a work related injury to the lower back while moving a steel beam on December 31, 2009. Magnetic resonance imaging of the lumbar spine from June 2010 noted L5-S1 with mild central disc protrusion touching but not compressing S1 nerve root sleeves. No fractures were evident. No current radiography was documented. In May 2011 the injured worker underwent L5-S1 disc replacement. He has received conservative treatment, physical therapy, epidural steroidal injections, and pain management. The injured worker continues to experience chronic low back pain with radiation to the left lower extremity and numbness with periodic exacerbations. The injured worker is diagnosed with degenerative lumbosacral disc disease and radiculopathy. Current treatment consists of narcotic pain management, Trazadone, Robaxin, ice/heat, and gentle stretching and exercise. The injured worker is deemed permanent and stationary. He has recently had a significant increase in his pain levels with neuropathic characteristics. Both increased Opioids and initiating Neurontin are being requested at the same time. The treating physician has requested authorization for Percocet 10/325mg 2 pills 3x a day, Qty: 180, Robaxin 350mg, twice a day Qty: 60 and Trazadone 50mg at night Quantity 60. On November 20, 2014 the Utilization Review non-certified the prescriptions for Percocet 10/325mg 2 pills 3x a day, Qty: 180, Robaxin 350mg, twice a day Qty: 60 and Trazadone 50mg at night Quantity 60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines and Official Disability Guideline (ODG) Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg two tid #180: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78.

Decision rationale: MTUS Guidelines supports the judicious and closely monitored use of Opioids when there is pain relief and functional benefits. It is clearly documented that prior use of Norco resulted in about a 50% improvement in pain, but there has been an increase in neuropathic pain. Guidelines support changing only 1 drug at a time to clearly evaluate each drug for effectiveness. With the Neurontin just being initiated a concurrent dramatic change in Opioids is not Guideline supported at the same time. There are no unusual circumstances to justify an exception to Guidelines. At this point in time, the Percocet 10/325mg 2 TID is not medically necessary.

Robaxin 350mg one bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: MTUS Guidelines do not support the chronic use of most muscle relaxants including Robaxin. Short-term use for acute exacerbations is Guideline supported, but this recommended use is daily on a long-term basis. There are no unusual circumstances to justify an exception to Guidelines. The Robaxin 350mg. BID is not medically necessary.

Trazadone 50mg 1/2 to 1 1/2 noct #60: Overturned

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

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 issue. The more recent ODG Guidelines do allow for long-term use of hypnotic medications when there is a chronic secondary

cause of insomnia such as chronic pain. The other alternative supported treatment is at least 6 weeks of cognitive therapy for insomnia and there is no evidence that this has been provided. Under these circumstances, the Trazadone 50 mg. to 1 1/2 #60 is medically reasonable.