

Case Number:	CM14-0205594		
Date Assigned:	12/17/2014	Date of Injury:	03/01/2008
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 is a 51 year-old female, who sustained an injury on March 1, 2008. The mechanism of injury occurred from repetitive work. Diagnostics have included: July 14, 2013 lumbar MRI reported as showing L5-S1 bulging disc. Treatments have included: rotator cuff repair, medications, physical therapy. The current diagnoses are: neck and low back pain, lumbar radiculopathy, lumbar facet disease. The stated purpose of the request for Xanax 0.5mg PO QD #30 was for anxiety. The request for Xanax 0.5mg PO QD #30 was denied on November 10, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Trazadone 50mg tab PO QHS #30 was for sleep. The request for Trazadone 50mg tab PO QHS #30 was denied on November 10, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Norco 10/325 PO Q 8 hours #90 was for pain. The request for Norco 10/325 PO Q 8 hours #90 was denied on November 10, 2014, citing a lack of documentation of functional improvement. Per the report dated September 4, 2014 the treating physician noted complaints of neck and low back pain. Exam showed cervical and lumbar tenderness with spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg tab PO QHS #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 (ODG), Pain

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

Decision rationale: The requested Trazadone 50mg tab PO QHS #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, recommend anti-depressant medications for chronic pain, neuropathic pain and pain-induced depression. The injured worker has neck and low back pain. The treating physician has documented cervical and lumbar tenderness with spasms. The treating physician has not documented duration of treatment, nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Trazadone 50mg tab PO QHS #30 is not medically necessary.

Xanax 0.5mg PO QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Xanax 0.5mg PO QD #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has neck and low back pain. The treating physician has documented cervical and lumbar tenderness with spasms. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5mg PO QD #30 is not medically necessary.

Norco 10/325 PO Q 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Norco 10/325 PO Q 8 hours #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and low back pain. The treating physician has documented cervical and lumbar tenderness with spasms. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as

improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 PO Q 8 hours #90 is not medically necessary.