MAXIMUS Federal Services

Case Number:	CM14-0036526		
Date Assigned:	06/25/2014	Date of Injury:	04/07/2003
Decision Date:	12/03/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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: Emergency 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 injured worker is a 42 year old male who sustained an industrial injury on 4-7-03. A review of the medical records indicates he is undergoing treatment for status post implantation of Charite disc replacement L4-L5 and L5-S1 in July 2005, status post implantation of spinal cord stimulator with paddle lead in June 2009, and status post removal of lumbar spinal cord stimulator June 2013. Medical records (2-4-14) indicate that the injured worker "looks under the weather." He reports that he has had the flu for "the past two weeks and is still not feeling well." He reports that his back pain "remains unchanged." He has "become more stiff and sore" and attributes this to spending more time in bed. The treating provider indicates that he is no longer febrile, but is "still producing a lot of mucus that he has had trouble clearing." The treating provider also indicates that the injured worker states that his "pain is decreased and his function is improved" with use of the current medications. "No aberrant behaviors" are noted. His medications include Baclofen, Colace, Norco, Oxycontin, and Trazodone. He was prescribed Trazodone on 10-29-13 and was noted to be receiving Colace at that time, as well. The utilization review (3-13-14) includes requests for authorization of Trazodone #60 with 5 refills and Colace 100mg #100 with 5 refills. The requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone #60, refills: 5: Upheld

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, it is a 2nd line medication. There is no documentation of prior attempts at other 1st line anti-depressants. There is no noted improvement in sleep or pain with this medication. The number of refills is dangerous and not appropriate. The total number of tablets would give the patient almost a year of a prescription medication with no monitoring. The request for Trazodone is not medically necessary.

Colace 100mg #100, refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, patients on opioids should receive prophylaxis against constipation. Patient is noted to be on multiple opioids although UR has recommended denial of those medications. Patient should continue to receive Colace during weaning process. However, the number of requested Colace tabs with refills are not appropriate as it would give patient over a year's supply of Colace. Therefore, the request is not medically necessary.