

Case Number:	CM15-0004361		
Date Assigned:	01/15/2015	Date of Injury:	08/11/2010
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male who suffered a work related injury on 08/11/10. Per the physician notes from 11/17/14 he complains of neck and low back pain. He had a cervical epidural a year prior to the visit and he was noted to be holding well. His medications include Norco, Soma, and Trazadone, which allow him to work full time. On 12/12/14, the Claims Administrator non-certified the Norco, Soma, and Trazadone citing MTUS guidelines. The non-certified medications were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350 Mg Tab #60 Bid Prn;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 63-66.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Carisoprodol (Soma) 350 Mg Tab #60 Bid Prn. The treating physician report dated 11/17/14 (4) states, "He is taking Norco, Soma and trazodone with good benefit, no side effects." MTUS page 29 states that this medication is not recommended and is not indicated for long term use. MTUS pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. There was only one report provided for review, so it is not clear exactly how long the patient has been taking Soma, but the report does note that the patient was currently taking Soma. In this case, the current request for a prescription of Soma does not satisfy MTUS guidelines as outlined on pages 29, and 63-66 as this formulation is not recommended for longer than 2-3 weeks. Recommendation is for denial.

Trazodone (Desyrel) 50mg Tab #60 1-2 Tab Po at Bedtime;: 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) Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness/Stress, Trazodone (Desyrel)

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Trazodone (Desyrel) 50mg Tab #60 1-2 Tab Po At Bedtime. The treating physician report dated 11/17/14 (4) states, "He is taking Norco, Soma and trazodone with good benefit, no side effects." ODG guidelines require documentation of insomnia and concurrent depression for this medication to be authorized. In this case, there is no documentation of insomnia or depression in the sole treating physician report provided for review. Furthermore, there is no rationale by the physician in the report provided as to why the patient was being prescribed Trazodone. Recommendation is for denial.

Hydrocodone/Acetaminophen (Norco) 10/325mg #60 Bid: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Hydrocodone/Acetaminophen (Norco) 10/325mg #60 Bid. The treating physician report dated 11/17/14 (4) states, "He is taking Norco, Soma and trazodone with good benefit, no side effects." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation

of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 11/17/14 states, "He is holding well from his epidurals and his medications provide significant relief. With medication, he is very functional with working and exercising." There was only one treating physician report provided for review, so it is unclear how long the patient has been taking Norco. The patient's pain levels with and without medication is not addressed in the report provided. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to work, and exercise. The patient's last urine drug screen and CURES report were consistent and the physician has a signed pain agreement on file as well. In this case, all four of the required A's are addressed and most importantly functional improvement has been documented. The current request is medically necessary and the recommendation is for authorization.