

Case Number:	CM15-0101730		
Date Assigned:	06/04/2015	Date of Injury:	09/20/1996
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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
 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 59 year old male, who sustained an industrial injury on September 20, 1996. The injured worker was diagnosed as having status post lumbar fusion with subsequent removal of hardware, persistent lumbar myospasm, facet arthropathy, status post spinal cord stimulator implantation and chronic intractable pain. Treatment to date has included spinal cord implant, spinal surgery, hardware removal and transdermal and oral medication. A progress note dated April 9, 2015 provides the injured worker complains of back pain and withdrawal symptoms. He reports increased spasm, inability to sleep and weaning of his Fentanyl patch. He was also seen in the emergency department in June 2014 for acute withdrawal. Physical exam notes an antalgic gait with inability to stand for more than a few minutes. He exhibits decreased cognitive function. There is painful decreased lumbar range of motion (ROM) with positive bilateral positive straight leg raise. The plan includes trazodone, Fentanyl patches, Xanax, ibuprofen and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Trazodone 100mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-15 Page(s): 13-15.

Decision rationale: The requested 30 tablets of Trazodone 100mg with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. The injured worker has back pain and withdrawal symptoms. He reports increased spasm, inability to sleep and weaning of his Fentanyl patch. He was also seen in the emergency department in June 2014 for acute withdrawal. Physical exam notes an antalgic gait with inability to stand for more than a few minutes. He exhibits decreased cognitive function. There is painful decreased lumbar range of motion (ROM) with positive bilateral positive straight leg raise. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, 30 tablets of Trazodone 100mg with 3 refills is not medically necessary.

120 tablets of Xanax 0.5mg with 3 refills: Upheld

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

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

Decision rationale: The requested 120 tablets of Xanax 0.5mg with 3 refills, 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 back pain and withdrawal symptoms. He reports increased spasm, inability to sleep and weaning of his Fentanyl patch. He was also seen in the emergency department in June 2014 for acute withdrawal. Physical exam notes an antalgic gait with inability to stand for more than a few minutes. He exhibits decreased cognitive function. There is painful decreased lumbar range of motion (ROM) with positive bilateral positive straight leg raise. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, The requested 30 tablets of Trazodone 100mg with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. The injured worker has back pain and withdrawal symptoms. He reports increased spasm, inability to sleep and weaning of his Fentanyl patch. He was also seen in the emergency department in June 2014 for acute withdrawal. Physical exam notes an antalgic gait with inability to stand for more than a few minutes. He exhibits decreased cognitive function. There is painful decreased lumbar range of motion (ROM) with positive bilateral

positive straight leg raise. 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, 120 tablets of Xanax 0.5mg with 3 refills is not medically necessary.

90 tablets of Ibuprofen 800mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested 90 tablets of Ibuprofen 800mg with 3 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has back pain and withdrawal symptoms. He reports increased spasm, inability to sleep and weaning of his Fentanyl patch. He was also seen in the emergency department in June 2014 for acute withdrawal. Physical exam notes an antalgic gait with inability to stand for more than a few minutes. He exhibits decreased cognitive function. There is painful decreased lumbar range of motion (ROM) with positive bilateral positive straight leg raise. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, The requested 30 tablets of Trazodone 100mg with 3 refills, is not medically necessary. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The injured worker has back pain and withdrawal symptoms. He reports increased spasm, inability to sleep and weaning of his Fentanyl patch. He was also seen in the emergency department in June 2014 for acute withdrawal. Physical exam notes an antalgic gait with inability to stand for more than a few minutes. He exhibits decreased cognitive function. There is painful decreased lumbar range of motion (ROM) with positive bilateral positive straight leg raise. 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, 90 tablets of Ibuprofen 800mg with 3 refills is not medically necessary.