

Case Number:	CM15-0102264		
Date Assigned:	06/04/2015	Date of Injury:	03/24/2008
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
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: Connecticut, California, Virginia
 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 injured worker is a 60 year old male who sustained an industrial injury on 03/28/2008. Diagnoses include multilevel lumbar disc herniations, spondylolisthesis L4-L5, and neuroforaminal stenosis. Treatment to date has included diagnostic studies and medications. A physician progress note dated 04/22/2015 documents the injured worker complains of ongoing low back pain with increased radicular pain in the bilateral lower extremities. He complains of difficulty sleeping due to the pain. He has numbness and tingling in the right lower extremity. He reports that his legs occasionally give way, causing him to fall. Lumbar range of motion is restricted. He ambulates with a limp. The injured worker continues to defer the previously authorized discectomy and fusion at L4-L5 and L5-S1. Urine drug screen reviewed this date is inconsistent. It was negative for Norco, but the injured worker takes it only as need and a prescription for 180 lasts the injured worker 5 months. It also was positive for alcohol, and he was instructed not to consume alcohol with the narcotic medication. He takes 2 Trazadone 50mg for sleep but it does not alleviate his sleep disruption. Medications include Norco, Tizanidine, and trazadone. The treatment plan includes increasing Trazodone to 150mg at bedtime. Treatment requested is for Norco 10/325mg #180, Tizanidine 4mg #60 with 2 refills, and Trazodone 150mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably denied the request based on the provided information. Given the lack of lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

Tizanidine 4mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 63.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication based on the provided documents, the quantity of medications currently requested cannot be considered medically necessary and appropriate.

Trazodone 150mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS does not mention trazodone with respect to insomnia, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case. The ODG discuss the drug being used to treat insomnia; however, there is less evidence to support its use for insomnia. Trazodone may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia, but it appears that the patient has not seen improvements in sleep on the medication, therefore other treatment modalities should be considered. Given the guidelines and provided documents, the request for trazodone is not considered medically appropriate.