

Case Number:	CM15-0102473		
Date Assigned:	06/04/2015	Date of Injury:	04/08/2002
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: 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 58 year old male, who sustained an industrial injury on 04/08/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc displacement, lumbar facet arthropathy, failed back surgery syndrome, lumbar radiculopathy, status post fusion of the lumbar spine, right knee pain, gastroesophageal reflux disease, peripheral neuropathy, chronic pain, status post spinal cord stimulator implant end of service life spinal cord stimulator IPG/Battery, and contusion of the right knee and wrist secondary to fall. Treatment and diagnostic studies to date has included status post insertion of spinal cord stimulator, medication regimen, use of a cane, computed tomography of the lumbar spine, x-ray of the left knee, electromyogram with nerve conduction velocity, magnetic resonance imaging of the lumbar spine, above noted procedures, home exercise program, and magnetic resonance imaging of the knee. In a progress note dated 03/26/2015 the treating physician reports complaints of pain to the low back that radiates to the right lower extremity along with associated symptoms of insomnia, anxiety, and chronic gastroesophageal reflux disease with medication regimen. Examination reveals spasms to the lumbar paraspinal muscles, tenderness at lumbar four to sacral one, decreased range of motion to the lumbar spine, and decreased motor strength to the bilateral lower extremities. The injured worker's current medication regimen included Carisoprodol, Desyrel, Naproxen, Pantoprazole, Tramadol ER, and Vicodin ES. The injured worker's pain level is rated 7 out of 10 with the use of his current medication regimen and is rated a 10 out of 10 without use of his current medication regimen. The injured worker notes

limited activities of daily living secondary to pain with activity, ambulation, and sleep but the treating physician also noted that the injured worker has 70% improvement with medication regimen and has functional improvement with activities of daily living of bathing, climbing stairs, dressing, sleeping, standing, talking on the phone, walking outside of the home, and attending church. The treating physician requested the medications Desyrel 50mg with a quantity of 30 to be taken at bedtime for insomnia and Naproxen Sodium 550mg with a quantity of 60 as a long acting non-steroidal anti-inflammatory medication for pain and inflammation noting current use of these medications as noted above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel 50mg #30: Overturned

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

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

Decision rationale: The MTUS Guidelines do not address the use of trazodone. The ODG reports that trazodone is a sedating antidepressant and one of the most commonly prescribed agents for insomnia. Improvements in sleep onset with use of trazodone may be offset by negative next day effects such as ease of awakening. Tolerance to trazodone may develop and rebound insomnia has been found after discontinuation. The injured worker reports a better ability to sleep and a 70% increase in daily function. The request for Desyrel 50 mg #30 is determined to be medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker is being treated for chronic injuries and there is no evidence of an acute exacerbation. Although the injured worker reports significant improvement in pain and daily function, NSAIDs are not recommended for long-term use. The request for Naproxen 550 mg #60 is determined to not be medically necessary.

