

Case Number:	CM15-0132182		
Date Assigned:	07/20/2015	Date of Injury:	04/10/2001
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 64 year old female injured worker suffered an industrial injury on 4/10/2001. The diagnoses included sprain in the lumbar region, chronic back pain, bilateral carpal tunnel syndrome, right epicondylitis and lumbar spine degenerative disc disease. The diagnostics included lumbar magnetic resonance imaging, electromyographic studies/nerve conduction velocity studies and lumbar x-rays. The treatment included water therapy and medications. On 4/21/2015 the treating provider reported the sleep quality was poor. She failed Lunesta and Ambien for insomnia and was started on Trazadone. On 6/16/2015 the lower back ache pain with medication was 6/10 and without medications 9/10 with no side effects. With the medications she was able to complete daily activities such as sweeping, mopping and dusting along with walking for longer distances. On exam the lumbar range of motion was restricted and limited by pain. There was muscle hypertonicity and spasms with positive straight leg raise on the right along with tenderness. The injured worker reported that the increase in Trazadone had been effective at helping her sleep. The injured worker had/not returned to work. The requested treatments included Norco 10/325mg #90 and Trazodone 50mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided included reports that there was a pain contract in place as part of the risk assessment of aberrant drug use but there was no evidence of a current urine drug screen since 2013. The medical record included pain levels but not how long it takes for pain relief or how long it lasted. The comprehensive pain and risk assessment was incomplete. There was a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and decreased dependency on continued medical care. Therefore Norco was not medically necessary.

Trazodone 50mg #60 with two refills: 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 & Stress; Trazodone (Desyrel). (2015).

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

Decision rationale: MTUS was silent on this medication. ODG recommended Trazadone as an option for insomnia only for patient with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The documentation provided did include symptoms of sleep dysfunction. The IW had failed Ambien CR due to sleepwalking and reported that Lunesta was ineffective. The injured worker reported sleeping better with the medication. The medical record did not contain how many hours she was able to sleep prior to Trazadone comparing to after the initiation of this medication or subsequent dosage increases. The description of the efficacy of the medication was not complete. Therefore Trazadone was not medically necessary.

