

Case Number:	CM15-0132690		
Date Assigned:	07/20/2015	Date of Injury:	10/31/1973
Decision Date:	08/14/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/09/2015

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 79-year-old male who sustained an industrial injury on 10/31/1973. Initial diagnoses are not available. Current diagnoses include chronic back pain. Diagnostic testing and treatment to date has included radiographic imaging, laboratory evaluations, and symptomatic medication management. Currently, the injured worker reports his pain level remains unchanged and rates his pain level as a 5 on a 10-point pain scale with medications, and 9/10 without medications. He continues to have functional benefit from medications with no evidence of abuse or diversion. There is no evidence of sedation or lethargy, and he is compliant with pain contract and random urine drug screening. Physical examination is remarkable for surgical scars to the lumbar spine; range of motion is restricted. There is tenderness, radiating pain, hypertonicity, spasm, tight muscle banding, and trigger point on the paravertebral muscles bilaterally. Lumbar facet loading is positive on both sides. Neurologic motor testing is limited by pain. Current plan of care includes restart trial of sleep medication; he cannot maintain his sleep without the aid of medication, and suffers from a loss of function and increased pain caused by the lack of sleep, continue antispasmodic medication for muscle spasms, continue narcotic pain medication for long acting pain relief, and continue osmotic laxative for constipation from side effect of opiate medication. Requested treatments include trazodone 50mg #30 with 1 refill, baclofen 10mg #120 with 1 refill, and Miralax powder #2 with 5 refills. The injured worker's status is permanent and stationary. Date of Utilization Review: 06/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #30 with 1 refill: 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, insomnia treatment.

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 necessary.

Baclofen 10mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants 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, and modification to facilitate weaning per utilization review is reasonable.

Miralax powder #2 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids d) Prophylactic treatment of constipation.

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

Decision rationale: The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, utilization review reasonably modified the request for Miralax to one refill as opposed to the initial 5 requested. This is reasonable as further treatment with opioids and subsequent risk of constipation should be closely reassessed. The modification by utilization review was appropriate, and therefore the request as initially written is not considered medically necessary.