

Case Number:	CM15-0133336		
Date Assigned:	07/21/2015	Date of Injury:	07/14/2011
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67-year-old male patient who sustained an industrial injury on 07/14/2011. The patient was employed as a truck driver and was opening a bulkhead door lifting it, lost balance and fell twisting his knees and back. A recent primary treating office visit dated 05/15/2015 reported subjective complaint of having low back, knee and hip pain. The treating diagnoses were: lumbar intervertebral disc syndrome; strain/sprain hip and thigh, and strain/sprain of knee leg. The plan of care noted the patient to proceed with a total knee replacement. An orthopedic evaluation dated 05/23/2014 reported current medications as: hydrocodone, Tramadol, Ranitidine, Soma, and Terazosin. The following diagnoses were applied: status post lumbar laminectomy and discectomy with lumbar spinal stenosis and radiculopathy; flexion contracture with osteoarthritis, left hip; osteoarthritis bilateral knees with flexion contractures; rotator cuff tear with adhesive capsulitis ,right shoulder, and rotator cuff tear with shoulder impingement syndrome, left shoulder. There is noted recommendation for the patient to ultimately undergo total knee replacement, right; total knee arthroscopy, left knee and total hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.

Trazadone 50 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin Antagonist and Reuptake Inhibitor.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trazodone (Desyrel) ODG <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is no documentation that the patient is suffering from a major depression or anxiety diagnosed by a formal psychiatric evaluation. There is no documentation that the patient failed first line treatment of insomnia. The latter was not characterized. There is no documentation of efficacy of previous use of trazodone. Therefore, the request for Trazadone 50 #30 is not medically necessary.