

Case Number:	CM15-0135268		
Date Assigned:	07/23/2015	Date of Injury:	11/19/2008
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old male who sustained an industrial injury on 11-19-08. Treatments to date include medications, psychotherapy, and multiple procedures. Diagnostic studies are not addressed. Current complaints include vertigo and stomach issues. Current diagnoses include anxiety, arthropathy, depressive disorder, insomnia, irritable bowel syndrome, cervical disc disorder, chronic pain, posttraumatic stress disorder, tinnitus, acute reaction to stress, disorders of bursae and tendons in the shoulder, cough, dizziness and giddiness, esophageal reflux, plantar fascial fibromatosis, and urinary incontinence. In a progress note dated 04-02-15 the treating provider reports the plan of care as medications including Alprazolam, citalopram, docusate sodium, MiraLax, Ditropan, Norco, Lyrica, Nasonex, meclizine, Nexium, Trazadone, Klonopin, acyclovir, and prochlorperazine. The requested treatments include Alprazolam, Norco, and Trazadone. The documentation supports that the injured worker has been on Alprazolam since at least 01-02-15, Norco since at least 10-09-14, and Trazadone since at least 09-06-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Alprazolam 0.5mg #60 dispensed DOS 3/22/15 and 5/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The claimant sustained a work injury in November 2008 when he sustained blunt force trauma to the pelvis and genitals during an assault after undergoing prostate surgery. He continues to be treated for chronic pain and stress, insomnia, and urinary incontinence. When seen, he was relatively stable. He had a chronic cough attributed to gastroesophageal reflux disease. Physical examination findings included a normal BMI. Alprazolam is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. A more appropriate treatment for anxiety disorder would be an antidepressant. In this case, the claimant has been prescribed alprazolam on a long-term basis. Continued use of alprazolam may actually be increasing the claimant's anxiety and is not medically necessary.

Retrospective Norco 10/325mg #30 dispensed DOS 4/2/15, 4/29/15, 6/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in November 2008 when he sustained blunt force trauma to the pelvis and genitals during an assault after undergoing prostate surgery. He continues to be treated for chronic pain and stress, insomnia, and urinary incontinence. When seen, he was relatively stable. He had a chronic cough attributed to gastroesophageal reflux disease. Physical examination findings included a normal BMI. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Retrospective Trazodone 300mg #30 dispensed DOS 3/18/15 and 5/9/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16. Decision based on Non-MTUS Citation Trazodone Prescribing Information.

Decision rationale: The claimant sustained a work injury in November 2008 when he sustained blunt force trauma to the pelvis and genitals during an assault after undergoing prostate surgery. He continues to be treated for chronic pain and stress, insomnia, and urinary incontinence. When seen, he was relatively stable. He had a chronic cough attributed to gastroesophageal reflux disease. Physical examination findings included a normal BMI. Trazodone is an antidepressant medication. This class of medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, the claimant has chronic pain consistent with a diagnosis of neuropathic pain. The recommended starting dose is 150 mg in divided doses daily with a maximum dose of 375 mg per day. In this case, the dose being prescribed is consistent with that recommended and is medically necessary.