

Case Number:	CM15-0138208		
Date Assigned:	07/28/2015	Date of Injury:	04/15/2002
Decision Date:	09/16/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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 44 year old female who sustained an industrial/work injury on 4/15/02. She reported an initial complaint of severe back pain. The injured worker was diagnosed as having lumbar facet arthropathy, degenerative scoliosis, left greater trochanteric bursitis, right medial epicondylitis, right cubital tunnel syndrome, right shoulder impingement syndrome, intractable pain syndrome. Treatment to date includes medication, diagnostics, surgery (medial branch block and radiofrequency neurolysis of the right L3, L4, and L5 medial branches in 2014), transcutaneous electrical nerve stimulation (TENS) unit, and epidural steroid injections (3). Currently, the injured worker complained of bilateral shoulder pain, lower back pain that locked up that radiated into the hips and lower extremities. Pain was reduced from severe to moderate with medications. Per the secondary treating physician's report (PR-2) on 6/24/15, exam notes normal gait, no abnormality or scoliosis of lumbar spine, tenderness and guarding in the lumbar paraspinal musculature, range of motion of the lumbar spine is decreased secondary to pain. The requested treatments include Xanax 0.5 mg, Baclofen 10 mg, Percocet 10/325 mg, and Trazodone 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Benzodiazepines; Anxiety medications in chronic pain.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has been taking this medication for an extended time with no documented changes in level of anxiety. Xanax has been recommended for weaning only in the last three utilization reports. The request for Xanax 0.5 mg Qty 30 is determined to not be medically necessary.

Baclofen 10 mg Qty 90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section, Weaning of Medications Section Page(s): 63, 64, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the injured worker has used this medication for the treatment of chronic pain for an extended period which is not recommended. Additionally, the request for 2 refills indicates long periods of time between follow-ups to check for continued efficacy. The request for Baclofen 10 mg Qty 90 with 2 refills is determined to not be medically necessary.

Percocet 10/325 mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-82, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare

instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Percocet for an extended period without objective documentation of functional improvement or change in disability status. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325 mg Qty 120 is determined to not be medically necessary.

Trazodone 50 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Trazodone (Desyrel).

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: Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. There is no current assessment of the continued need of trazodone. The benefits for sleep and depression in this particular injured worker are not addressed. The request for Trazodone 50 mg Qty 30 with 2 refills is determined to not be medically necessary.