

Case Number:	CM15-0143885		
Date Assigned:	08/04/2015	Date of Injury:	02/08/2001
Decision Date:	09/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on February 8, 2001. Treatment to date has included lumbar fusion with hardware removal, opioid medications, and diagnostic imaging. Currently, the injured worker complains low back pain which he rates a 6 on a 10-point scale with the aid of medications and rates a 10 on a 10-point scale without medications. He reports that his quality of sleep is poor. His current medication regimen includes Lidoderm patch, Neurontin, Toradol, Percocet, MS Contin, and Trazadone. On physical examination the injured worker has a slow wide-based gait. His lumbar spine range of motion is restricted and limited by pain. He has tenderness to palpation and spasm over the lumbar paraspinal muscles and a tight muscle band is noted bilaterally. The injured worker cannot heel and toe walk and he has positive right straight leg raise. The diagnoses associated with the request include lumbar degenerative disc disease and low back pain. The treatment plan includes continued Percocet, MS Contin and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months prior to using Percocet. There was no mention of Tylenol, NSAID, or weaning failure. The medication was used in combination with Morphine and a Tricyclic. Reduction in pain score attributed to Percocet cannot be determined. The continued use of Percocet is not medically necessary.

Trazadone 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 14-18.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain. In this case, the claimant has chronic degenerative changes and back pain. Although it is considered 1st line for chronic back pain, there was no indication of reduction for opioids and pain reduction attributed to Trazadone cannot be determined. As a result, continued and prolonged use of Trazadone is not medically necessary.