

Case Number:	CM15-0149668		
Date Assigned:	08/12/2015	Date of Injury:	03/01/2013
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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: Maryland

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

This is a 34 year old male with a March 1, 2013 date of injury. A progress note dated June 18, 2015 documents subjective complaints (neck, low back, and right ankle pain; numbness of the right knee and left arm and hand; spasms and stiffness over the back of the neck causing headaches, motion loss and dizziness; right lateral knee pain; pain rated at a level of 6 out of 10 without medications and 3 to 4 out of 10 with Naproxen, Tramadol, and topical Menthoderm), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms; antalgic gait with decreased step height and length; presents globally deconditioned with significant muscle guarding from the neck to the lower back), and current diagnoses (fracture of the tibia and fibula; lumbago; cervicgia). Treatments to date have included chiropractic treatments that are helping, oral pain medications, topical pain medications, physical therapy, and psychotherapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Tramadol ER 150mg #30 and Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol ER 150mg #30 (DOS: 06/18/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Retrospective: Tramadol ER 150mg #30 (DOS: 06/18/2015) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation reveals that the patient has been on opioids without significant functional improvement therefore the request for Tramadol is not medically necessary.

Retrospective: Trazodone 50mg #60 (DOS: 06/18/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia Treatment.

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-Trazodone (Desyrel).

Decision rationale: Retrospective: Trazodone 50mg #60 (DOS: 06/18/2015) is medically necessary per the ODG. The MTUS Guidelines do not address insomnia or Trazodone. The ODG states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The ODG states that other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by co-morbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. A review of the documentation does indicate that the patient has a history of depression and has been using Trazodone for insomnia with benefit. The ODG does support Trazadone as an option for insomnia with coexisting psychiatric symptoms therefore this medication is medically necessary.