

Case Number:	CM15-0160468		
Date Assigned:	08/26/2015	Date of Injury:	12/06/2000
Decision Date:	09/29/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on December 6, 2000, incurring low back injuries. He was diagnosed with lumbosacral disc disease, lumbar radiculitis and lumbago. Treatment included chiropractic sessions, physical therapy and home exercise program, pain medications and restricted activities. Currently, the injured worker complained of chronic, severe intractable low back pain with sciatica type pain that extended to the left groin, hip lower extremity and into the left heel. His symptoms were worsened with flexion, extension, activity, sitting, standing and lying down. He rated his pain 10 out of 10 without pain medications and 4 out of 10 with pain medications. The prescribed pain medications kept the injured worker functional and allowed for increased mobility and tolerance of activities of daily living including home exercises. The treatment plan that was requested for authorization included prescriptions for Trazodone HCL and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 50mg #60 with 3 refills: Upheld

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, Trazodone (Desyrel). 03/25/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone HCL 50 mg #60 with 3 refills is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are pain in joint pelvic region and thigh; opiate type dependence unspecified abuse; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified; and degeneration lumbar/lumbosacral intervertebral disc. Date of injury is December 6, 2000. Request for authorization is July 27, 2015. The early is progress note (not start date) in the medical record containing a trazodone and Norco prescription is dated February 23, 2015. The injured worker has continued subjective complaints of intractable low back pain (sciatic like) through the most recent progress note dated July 15, 2015. The injured worker receives chiropractic treatment and is engaged in a home exercise program. The injured worker drinks to alcohol drinks per night and uses cannabis. There is no documentation of depression or anxiety. 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 demonstrating objective functional improvement to support ongoing trazodone. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement and no documentation showing mild psychiatric symptoms such as depression or anxiety, Trazodone HCL 50 mg #60 with 3 refills is not medically necessary.

Norco 10/325mg #180: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with

evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are pain in joint pelvic region and thigh; opiate type dependence unspecified abuse; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified; and degeneration lumbar/lumbosacral intervertebral disc. Date of injury is December 6, 2000. Request for authorization is July 27, 2015. The early is progress note (not start date) in the medical record containing a trazodone and Norco prescription is dated February 23, 2015. The injured worker has continued subjective complaints of intractable low back pain (sciatic like) through the most recent progress note dated July 15, 2015. The injured worker receives chiropractic treatment and is engaged in a home exercise program. The injured worker drinks to alcohol drinks per night and uses cannabis. There is no documentation of depression or anxiety. Utilization review indicates there were multiple recommendations for weaning Norco. There has been no attempt at weaning documented in the medical record. There are no detailed pain assessments. There are no risk assessments. The documentation does not demonstrate objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement, no detailed pain assessments of risk assessments, no attempted weaning and nightly alcohol, two alcoholic drinks and cannabis use, Norco 10/325mg # 180 is not medically necessary.