

Case Number:	CM15-0161904		
Date Assigned:	08/27/2015	Date of Injury:	09/13/2001
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
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: New York, California
 Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on 09-13-2001. The injured worker is currently temporarily totally disabled. Current diagnoses include chronic pain syndrome, spinal enthesopathy, sacroiliitis, lower back pain, sciatica, lumbar-thoracic radiculopathy, and fasciitis. Treatment and diagnostics to date has included bilateral sacroiliac joint injections, physical therapy, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Mobic, Norco, Norflex, Omeprazole, Topamax, Trazodone, and recently added Tramadol ER. Urine drug screen dated 07-16-2015 was consistent with prescribed medications. In a progress note dated 07-16-2015, the injured worker reported lower back pain that radiates down into right buttock. Objective findings included lumbosacral tenderness. The treating physician reported requesting authorization for Norco, Trazodone, Norflex, and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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". According to received medical records, the injured worker has been prescribed Norco since at least 07-08-2011. The treating physician does not document 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, or how long pain relief lasts. In addition, there is no discussion regarding how the medication has helped the injured worker's level of activity, increased level of function, ability to return to work, or significant improvement in their ability to perform activities of daily living. Additionally, a urine drug screen included in the record demonstrated inconsistent results with medications prescribed. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

60 Trazodone 50mg: 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 (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Trazodone (Desyrel).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain are "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment". In addition, Guidelines also state that "no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. (Perrot, 2006) In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. (Lin-JAMA, 2003)" According to Official Disability Guidelines (ODG), Trazodone (Desyrel) is "recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety...There is no

clear-cut evidence to recommend trazodone first line to treat primary insomnia." After review of received medical records, the injured worker has been prescribed Trazodone since at least 07-08-2011 without any indication as to why it is being prescribed. In addition, there is no documentation of effectiveness of pain relief, evaluation of function, sleep quality, or psychological response in regards to taking Trazodone. Therefore, based on the Guidelines and the submitted records, the request for Trazodone is not medically necessary.

90 Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAID's". The reviewed medical records show that the injured worker has a history of low back pain, currently on Mobic (NSAID) and has been taking Norflex (Orphenadrine) daily at least since 07-08-2011. The treating physician does not report how this medication is helping in terms of pain and function and long-term use of this medication is not supported by MTUS. The continued use of Norflex for over four years exceeds the MTUS recommendations. Therefore, the request for Norflex is not medically necessary.

30 Mobic 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Mobic (Meloxicam) is classified as a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". Under back pain - chronic low back pain, it is "recommended as an option for short term symptomatic relief" and "that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants". After review of the received medical records, there is no indication that

Mobic is providing any specific analgesic benefits, such as percent pain reduction or reduction in pain level, or any objective functional improvement. There is no evidence that the injured worker had received a trial of acetaminophen as the first-line treatment. The guidelines support NSAIDs as an option for short-term symptomatic relief, but the injured worker has been prescribed Mobic since at least 07-08-2011. Therefore, based on the Guidelines and the submitted records, the request for Mobic is not medically necessary.