

Case Number:	CM15-0164705		
Date Assigned:	09/02/2015	Date of Injury:	06/05/2012
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

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

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 43-year-old female who sustained an industrial injury on 06-05-2012 due to a fall. Diagnoses include pain disorder with both psychological factors and an orthopedic condition; mood disorder; pain in joint; and foot pain. Treatment to date has included medication, functional restoration program (FRP), cortisone injection in the ankle, physical therapy, lumbar sympathetic block and home exercise program. According to the FRP visit note dated 8-5-2015, the IW (injured worker) reported her sleep had improved and she was feeling more rested in the morning. The FRP notes dated 7-17-2015 stated the IW had increased range of motion in the lumbar spine and the right ankle since beginning the program and had increased her sitting and working tolerance from the original 15 to 45 minutes to the current 30 to 60 minutes. Her tolerance for standing increased from 10 minutes to 25 minutes. Her right ankle pain was rated 7 out of 10. The treatment plan included a decrease in her Trazodone, continuing current dosages of Vicodin and Gabapentin and continuing the FRP. A request was made for Vicodin 5-300mg, #30 and Trazodone 50mg with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2012 and recently completed participation in a functional restoration program. Medications are referenced as decreasing pain from 10+10 to 6-7/10. Medications were being taken sparingly and causing side effects of grogginess and sleepiness. When seen, Pristiq had caused side effects. Trazodone was being prescribed for insomnia. Vicodin was continued. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Trazodone 50 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in June 2012 and recently completed participation in a functional restoration program. Medications are referenced as decreasing pain from 10+10 to 6-7/10. Medications were being taken sparingly and causing side effects of grogginess and sleepiness. When seen, Pristiq had caused side effects. Trazodone was being prescribed for insomnia. Vicodin was continued. Trazodone is an antidepressant medication and is being used in the case for the treatment of insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The request for trazodone was not medically necessary.