

Case Number:	CM15-0165090		
Date Assigned:	09/02/2015	Date of Injury:	07/19/1999
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, who sustained an industrial injury on 07-19-1999. Work status is not noted in received medical records. Current diagnoses include ventral hernia, lumbar region sprain-strain, failed back surgery syndrome, lumbar degenerative disc disease, and lumbar radiculopathy. Treatment and diagnostics to date has included lumbar spine surgery, home exercise program, epidural steroid injections, and medications. Current medications include Zipsor, Soma, Trazodone, Norco, and MS Contin. In a progress note dated 07-30-2015, the injured worker reported severe pain in lower back, which is rated as a 7 out of 10 on the pain scale on a good day and 10 out of 10 on a bad day. The physician noted that medication provides him better ability to function with activities of daily living. Objective findings included antalgic gait, left lumbar spasm, decreased strength to bilateral lower extremities, and decreased light touch sensation to left lower extremity. The treating physician reported requesting authorization for Norco, Trazodone, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg tabs 2-3 tid prn max 7/day #200: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents on 07/30/15 with lower back pain rated 7/10. The patient's date of injury is 07/19/99. Patient is status post lumbar fusion and subsequent hardware removal at a date unspecified. The request is for Norco 10/325mg tabs 2-3 TID prn max 7/day #200. The RFA was not provided. Physical examination dated 07/30/15 reveals spasms in the left lumbar region, decreased lower extremity strength bilaterally, decreased but equal bilateral deep tendon reflexes in the lower extremity, and decreased sensation along the L2 though S1 dermatomal distributions on the left. The patient is currently prescribed Zipsor, Soma, Trazodone, Norco, and MS Contin. Patient is currently classified as disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Visit dated 07/30/15 has the following: "Medication provides him better ability to function with activities of daily living, including volunteering at his church. He continues to volunteer more and more food pantry." MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider includes activity specific functional improvements, notes consistent urine drug screening and a lack of aberrant behavior. However, the provider neglects to document how this patient's medications reduce his pain via a validated scale - instead noting pain levels on "good days" versus "bad days." Given the lack appropriate documentation of the 4A's, continuation of Norco cannot be substantiated and this patient should be weaned from narcotic medications. The request is not medically necessary.

Trazodone HCL 100mg 2-3 tabs po qhs prn #90 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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) Pain Chapter, under Insomnia.

Decision rationale: The patient presents on 07/30/15 with lower back pain rated 7/10. The patient's date of injury is 07/19/99. Patient is status post lumbar fusion and subsequent hardware removal at a date unspecified. The request is for Trazodone HCL 100mg 2-3 tabs pt qhs prn #90 with 1 refill. The RFA was not provided. Physical examination dated 07/30/15 reveals spasms in the left lumbar region, decreased lower extremity strength bilaterally, decreased but equal bilateral deep tendon reflexes in the lower extremity, and decreased sensation along the L2 though S1 dermatomal distributions on the left. The patient is currently prescribed Zipsor, Soma, Trazodone, Norco, and MS Contin. Patient is currently classified as disabled. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15: "Recommended as a first line option for neuropathic pain, and as a possibility for non- neuropathic pain. 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." Official Disability Guidelines, Pain Chapter, under Insomnia has the following: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In regard to the continuation of Trazodone, the request is appropriate. This patient has been prescribed Trazodone since at least 07/02/15. This patient presents with chronic lower back pain with associated insomnia and depression secondary to pain and loss of function. Progress note dated 07/30/15 notes that this patient's current medication regimen is effective in allowing him to increase functionality, though does not specifically mention Trazodone. Given the guideline support for this medication for complaints of this nature, and the documentation of medication efficacy provided, continuation is substantiated. The request is medically necessary.

Soma 350mg tabs 1-2 tid max 6/day #120 with 1 refill: 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents on 07/30/15 with lower back pain rated 7/10. The patient's date of injury is 07/19/99. Patient is status post lumbar fusion and subsequent hardware removal at a date unspecified. The request is for Soma 350mg tabs 1-2 tid max 6/day #120 with 1 refill. The RFA was not provided. Physical examination dated 07/30/15 reveals spasms in the left lumbar region, decreased lower extremity strength bilaterally, decreased but equal bilateral deep tendon reflexes in the lower extremity, and decreased sensation along the L2 though S1 dermatomal distributions on the left. The patient is currently prescribed Zipsor, Soma, Trazodone, Norco, and MS Contin. Patient is currently classified as disabled. MTUS Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication

is not indicated for long-term use" MTUS Guidelines, Muscle relaxants (for pain) section, page 63-63 under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 07/02/15. MTUS guidelines do not support the use of Soma for longer than 2-3 weeks. While this patient presents with significant chronic lower back pain, the request for 120 tablets with 1 refill - in addition to prior use - does not imply the intent to limit this medication's use to short-term. Therefore, the request is not medically necessary.