MAXIMUS Federal Services

Case Number:	CM15-0165672		
Date Assigned:	09/03/2015	Date of Injury:	02/28/2014
Decision Date:	10/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic low back and bilateral wrist pain reportedly associated with an industrial injury of February 28, 2014. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve requests for Norco, trazodone, and cyclobenzaprine. The claims administrator referenced an August 14, 2015 progress note in its determination. The claims administrator did not state what guidelines the determination was based upon, nor were MTUS Guidelines clearly incorporated into the report rationale. The applicant's attorney subsequently appealed. On August 14, 2015, the applicant reported 9/10 low back pain. The applicant had undergone a carpal tunnel release surgery on November 12, 2014, it was reported. The applicant remained off of work, on total temporary disability, it was acknowledge in one section of the note. The applicant's medication list included Flexeril, Motrin, Norco, Zestril, Protonix, Wellbutrin, Micardis, and Zantac, it was reported. The applicant was avoiding socializing, exercising, performing household chores, and doing yard work secondary to her pain complaints, it was reported. The applicant had received earlier acupuncture, without benefit, it was acknowledged. The applicant was severely obese, with BMI of 39, it was further noted. Norco, trazodone, and Flexeril were endorsed. The applicant was asked to cease smoking. The applicant's permanent work restrictions were renewed. It was suggested that trazodone was being employed for issues with sleep disturbance and/or depression. An earlier note of June 19, 2015 was notable for commentary that the applicant had ongoing issues with both depression and sleep disturbance; it was suggested in the review of systems section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet, take one twice daily as needed QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. The request for Norco was framed as a renewal or extension request for Norco. However, page 80 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on August 14, 2015. The applicant's pain complaints were heightened, it was reported on that dated, scored at 9/10, despite ongoing Norco usage. The applicant was having difficulty walking more than half a block continuously, it was reported on that date, was also avoiding socializing with friends, exercising, and/or performing household chores secondary to her pain complaints. All of the foregoing, taken together, did not make a compelling case for continuation for opioid therapy with Norco. Therefore, the request is not medically necessary.

Trazodone 50mg tablet, take one at bedtime QTY: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Conversely, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful in alleviating symptoms of depression, as were/are present here. The applicant was described as having issues with depression and attendant insomnia on June 19, 2015. The request was framed as a first-time request for trazodone. The attending provider seemingly contended on August 14, 2015 that monotherapy with Wellbutrin alone had not proven completely helpful in alleviating the applicant's issues with depression and/or attendant insomnia. Introduction of trazodone, thus, was indicated. Therefore, the first-time request for trazodone is medically necessary.

Cyclobenzaprine 10mg tablet, take one at bedtime as needed QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, however, the applicant was in fact using a variety of other agents, including Norco, trazodone, Motrin, Wellbutrin, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 30-tablet renewal request of cyclobenzaprine, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.