

Case Number:	CM15-0180050		
Date Assigned:	09/21/2015	Date of Injury:	01/17/2001
Decision Date:	10/28/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 61 year old male who sustained an industrial injury on 01-17-2001. According to a progress report dated 08-04-2015, the injured worker was seen for chronic headache, neck pain and low back pain. Principal symptoms included headache and cervical neck pain. The injured worker requested an evaluation by a neurologist. He reported that when he had access to the medications, that they provided him with pain relief and functional capacity. Current pain was rated 8. Location of pain was at the neck and low back. Pain was described as aching, annoying, radiating, sore and severe. Physical examination demonstrated an antalgic gait and a scar on the lumbar spine. Impression included status post work-related injury with continued chronic multifocal pain syndrome including headache, neck pain and lumbar postlaminectomy syndrome. Authorization was being requested for a medical neurologist in relation to the headache and cervical neck pain. Medications prescribed included Flexeril, Opana ER, Prilosec, Trazodone, Peri-Colace and Sumatriptan. Work status was per the primary treating physician. Documentation submitted for review shows use of Trazodone and Opana ER dating back to 02-02-2015. Sumatriptan was prescribed on 08-04-2015. An Oswestry Disability Exam report dated 06-01-2015 showed that the injured worker scored a total of 41%-60% severe disability. On 08-12-2015, Utilization Review modified the request for Trazodone 100 mg #30, noncertified the request for Sumatriptan 100 mg #9 and certified the request for Opana ER 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg #30: 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): Antidepressants for chronic pain.

Decision rationale: Trazodone is a type of anti-depressant medication that is sometimes used for sleep. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain. However, it is considered a 2nd line medication. There is no documentation of prior attempts at other 1st line anti-depressants. There is no noted improvement in pain, sleep or mood with this medication. MTUS guidelines state that evidence does not support the use of this class of medication in back pain. The request for Trazodone is not medically necessary.

Sumatriptan 100 mg #9: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Triptans.

Decision rationale: Sumatriptan is a Triptan. MTUS Chronic pain and ACOEM does not adequately deal with this topic. As per Official Disability Guidelines (ODG) is recommended for migraines. There is no appropriate documentation of the characteristics of the headache that is consistent with migraines. The provider documents that patient has cervical headaches which is not an indication for triptans. Documentation fails to support the use of sumatriptan. Sumatriptan is not medically necessary.