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| Case Number: | CM15-0183852 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 12/30/2012 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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 50-year-old who has filed a claim for chronic low back, knee, and hip pain with derivative complaints of sleep disturbance reportedly associated with an industrial injury of December 30, 2012. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Naprosyn, approved a request for Effexor, and failed to approve a request for trazodone. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 2, 2015, the applicant was given refills of Voltaren gel, Protonix, Naprosyn, and tramadol. The applicant had issues with sleep disturbance, psychological stress, anxiety, depression and sexual dysfunction, all of which were attributed to the applicant's chronic knee and low back pain complaints. The applicant reported difficulty sitting, standing, and walking, the treating provider reported. On August 19, 2015, the applicant again reported ongoing complaints of low back and knee pain status post multiple prior knee corticosteroid knee injections. The applicant had developed derivative complaints of depression, insomnia, sexual dysfunction, GI irritation, the treating provider reported. The treating provider's reporting of the applicant's work status was somewhat difficult to follow. It was suggested in one section of the note that the applicant had collected disability and indemnity benefits for a protracted amount of time before ultimately returning to work. Naprosyn, Protonix, tramadol, trazodone, Effexor, Neurontin, Norflex, a knee brace, 4-lead TENS unit, knee MRI imaging, drug testing, ultrasound of the lower extremities, and a psychiatry consultation were all sought. Little-to-no seeming discussion of medication efficacy transpired. The applicant had gained 45 pounds since the date of injury, the treating

provider reported. On July 24, 2015, the applicant was not working, the treating provider reported. Tramadol, Naprosyn, Protonix were all seemingly renewed on this date. A knee brace was sought. The treating provider again stated that standing, walking, and/or negotiating stairs or inclines remain problematic. Once again, no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of medications. Here, however, progress notes of July 24, 2015 and August 19, 2015 did not seemingly incorporate any discussion of medication efficacy. The attending provider continued to report that the applicant was having difficulty performing activities as basic as standing, walking, and/or negotiating stairs, it was reported on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function affected as a result of ongoing usage of Naprosyn. Ongoing usage of Naprosyn failed to curtail the applicant dependence on opioid agents such as tramadol, it was acknowledged. The applicant's work status was incongruously reported on multiple office visits, referenced above, although the majority of the office visits cited, including the July 24, 2015 office visit, stated that the applicant was not, in fact, working. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and

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

Decision rationale: Similarly, the request for trazodone, an atypical anti-depressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anti-depressants such as trazodone may be helpful in alleviating symptoms of depression as were/are are present here, while page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of anti-depressants as a first-line option for chronic pain and while ODG's Mental Illness and Stress Chapter Trazodone topic does acknowledge that trazodone is recommended as an option in the treatment of insomnia for applicants with comorbid anxiety and depression, as were all seemingly present here, all recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, progress notes of July 24, 2015 failed to outline improvements in mood, function, chronic pain, or insomnia effected as a result of ongoing trazodone usage. The attending provider stated on August 19, 2015 that the applicant had ongoing issues with sleep disturbance, stress, anxiety, and depression present. It did not appear, thus, that ongoing usage of trazodone had generated improvements in mood, function, sleep, etc., needed to justify the continuation of the same. Therefore, the request is not medically necessary.