MAXIMUS Federal Services

Case Number:	CM15-0191977		
Date Assigned:	10/06/2015	Date of Injury:	01/01/2000
Decision Date:	11/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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 57-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of January 1, 2000. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve requests for Lidoderm ointment and trazodone. The claims administrator referenced an August 21, 2015 RFA form and an associated August 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant reported worsening complaints of low back pain, 6/10, interfering with "most but not all daily activities." The applicant was not currently employed, it was reported at the top of the note. The applicant was still smoking on a daily basis, it was reported. The applicant's medication list included tramadol, trazodone, Flexeril, Lidoderm ointment, acyclovir, Valium, Norco, and Fosamax, it was reported. It was stated that the applicant was using trazodone on an as-needed basis for muscle spasms. Trigger point injections were apparently performed in the clinic. Lidocaine ointment, trazodone, and tramadol were all seemingly renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment #2 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: No, the request for topical lidocaine ointment was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first- line therapy with antidepressants and/or anticonvulsants, here, however, the August 17, 2015 office visit made no mention of the applicant's having tried antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine ointment at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, little-to-no seeming discussion of medication efficacy transpired on the date in question, August 17, 2015. The applicant's pain complaints were described as worsened on that date. The applicant was not working, it was reported. 6/10 pain complaints were noted. The applicant's pain complaints were described as severe and interfering with most but not all daily activities, the treating provider reported on that date. Ongoing usage of lidocaine ointment failed to curtail the claimant's dependence on opioid agents such as Norco and tramadol, it was acknowledged on August 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Trazodone HCL 50mg #30 with 1 refill: Upheld

Claims Administrator 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), Mental Illness & Stress, Trazodone.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone.

Decision rationale: Similarly, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, no seeming discussion of medication efficacy transpired insofar as trazodone was concerned on the August 17, 2015 office visit at issue. The attending provider seemingly stated that trazodone was being employed for antispasmodic effect, it was incidentally noted,

but made no mention of whether or not ongoing usage of trazodone had or had not proven beneficial in ameliorating the same. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone may be helpful in alleviating symptoms of depression, and while ODG's Mental Illness and Stress Chapter Trazodone topic does acknowledge that trazodone is recommended as an option for insomnia in applicants with superimposed issues with depression or anxiety, here, again, the attending provider's August 17, 2015 progress note made no mention of the claimant's using trazodone for issues with depression, anxiety, or insomnia. Rather, it appeared that the applicant was intent on using trazodone for antispasmodic effect, i.e., a role for which trazodone is not explicitly recommended either by ACOEM or ODG. It did not appear, moreover, that ongoing usage of trazodone had proven particularly beneficial here. The applicant remained off of work, it was acknowledged on August 17, 2015. The applicant's pain complaints were described as worsened on that date. The applicant's pain complaints were interfering with most daily activities, the treating provider reported. Ongoing usage of trazodone failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.