

Case Number:	CM15-0193865		
Date Assigned:	10/12/2015	Date of Injury:	12/06/2004
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This 53 year old man sustained an industrial injury on 12-6-2004. Evaluations include lumbar spine MRI dated 11-29-2014, lumbar spine x-rays dated 7-7-2014, electromyogram and nerve conduction studies of the bilateral lower extremities. Diagnoses include lumbar spine degenerative disc disease, lumbar disc disorder, low back pain, depressive disorder, and muscle spasms. Treatment has included oral medications including Paroxetine, Gabapentin, Oxycodone, Trazodone, Baclofen, Lorazepam, and Metformin. Physician notes dated 9-8-2015 show complaints of unchanged backache and bilateral upper extremity pain. The worker rates his pain 6 out of 10 without medications and 5 out of 10 with medications. The physical examination shows restricted lumbar spine range of motion noted as flexion 70 degrees, extension 20 degrees, bilateral lateral bending 15 degrees, and normal lateral rotation bilaterally. Tenderness to palpation of paravertebral muscles with a tight muscle band, and trigger points with radiating pain and twitch response on palpation of lumbar paraspinal muscles. Motor exam is normal, decreased sensation is noted with light touch to the right lateral thigh and calf. A resting tremor is noted tot eh bilateral hands and legs. Recommendations include continue Oxycodone, increase Trazodone, continue Baclofen, consider adding long acting pain medication in the future, an follow up in four weeks. Utilization Review denied requests for Oxycodone, Trazodone, and Baclofen on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #30, per 09/08/2015 order: 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), Pain (updated 09/08/15) - Online Version, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting confirmed diagnosis of major depression that has not been established here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic 2004 injury. The Trazodone 100mg #30, per 09/08/2015 order is not medically necessary and appropriate.

Oxycodone 15mg #120, per 09/08/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2004 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone 15mg #120, per 09/08/2015 order is not medically necessary and appropriate.

Baclofen 10mg #30, per 09/08/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Baclofen is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any specific functional improvement from treatment of Baclofen being prescribed in terms of improved work status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The Baclofen 10mg #30, per 09/08/2015 order is not medically necessary and appropriate.