

Case Number:	CM15-0196663		
Date Assigned:	10/12/2015	Date of Injury:	01/15/2015
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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 60-year-old who has filed a claim for chronic neck, low back, shoulder, and wrist pain reportedly associated with an industrial injury of January 15, 2015. In a Utilization Review report dated September 22, 2015, the claims administrator partially approved a request for Naprosyn while denying a request for trazodone outright. The claims administrator referenced a September 14, 2015 RFA form and an associated September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 11, 2015, the applicant reported ongoing issues with wrist pain, neck pain, low back pain, and insomnia. The applicant reported frequently waking up at night. Complaints of wrist pain and paresthesias with severe low back pain were also reported. Ancillary complaints of reflux were noted, it was acknowledged. The applicant's medication list included Celebrex, Effexor, Naprosyn, Prilosec, Desyrel, Prilosec, and Zyrtec, it was reported. The applicant was off of work, on total temporary disability, the treating provider reported in the social history section of the note. The applicant reported issues with anxiety and associated insomnia. The applicant was reportedly mildly depressed. Trazodone was endorsed, reportedly on a first-time basis. Naprosyn was also prescribed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 375mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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 Guidelines 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 to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of side effects into his choice of recommendations. Here, the applicant was described using a second anti-inflammatory medication, Naprosyn, on the September 11, 2015 office visit. The attending provider did not state why the second anti-inflammatory medication, Naprosyn, was prescribed, particularly in light of the fact that the applicant was described as having developed issues with reflux, seemingly associated with or exacerbated by NSAID usage on September 11, 2015. Therefore, the request was not medically necessary.

Trazodone 50mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Trazodone (Desyrell).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a first-time request for trazodone on September 11, 2015. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants to exert their maximal effect, here, however, the attending provider's request for six-month supply of trazodone without any proviso to reevaluate the applicant in the midst of treatment was at odds with page 402 of the ACOEM Practice Guidelines. The attending provider did not state why such a lengthy, six-month supply of trazodone was furnished on the date it was introduced, September 11, 2015. Therefore, the request was not medically necessary.