

Case Number:	CM15-0204995		
Date Assigned:	10/22/2015	Date of Injury:	08/14/2014
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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: Family Practice

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 49 year old male, who sustained an industrial injury on 8-14-2014. The injured worker was being treated for lumbar facet syndrome, degenerative disc with moderate disc herniation at L5-S1 (lumbar 5-sacral 1), and lumbosacral sprain with radicular symptoms. The injured worker (5-22-2015) reported ongoing low back pain radiating into the left buttock and thigh. The injured worker reported sleep difficulty due to his low back pain. Per the treating physician (5-22-2015 report), Trazodone was being used as a sleep aid. The physical exam (5-22-2015) reveals tenderness of the interspinous ligaments at L4-5, decreased lumbar range of motion, and pain with flexion. The injured worker (7-31-2015) reported ongoing low back pain radiating into the left buttock with worsening of the pain over the past 2 weeks. The injured worker (9-11-2015) reported ongoing low back pain radiating into the left buttock, which worsened after stopping therapy. The injured worker reported sleep disruption due to pain. The injured worker reported some pain relief with medication. The physical exam (7-31-2015) reveals tenderness to palpation of the right greater than left paraspinals, decreased lumbar range of motion, and pain with flexion. The physical exam (9-11-2015) reveals tenderness to palpation of the bilateral paraspinals, decreased lumbar range of motion, and pain with flexion and extension. The urine drug screen (6-19-2015) indicated that Trazodone-Nefazodone and-or metabolite, Hydroxy-mCPP, Hydroxytrazodone, mCPP, and Trazodone were detected. On 7-31-2015, the treating physician noted that the urine drug screen from 6-19-2015 was negative for everything except Trazodone, which was consistent with the injured worker's current medications. Treatment has included physical therapy, chiropractic therapy, acupuncture, home

exercises, work modifications, a back support, lumbar epidural steroid injections, sacral iliac joint injection, a non-steroidal steroid injection, Ultracet (since at least 7-2015) and Trazodone (since at least 3-2015). Per the treating physician (9-9-2015 report), the employee has not returned to work. The requested treatments included Ultracet #60 and Trazodone 50mg #30. On 9-28-2015, the original utilization review modified requests for Ultracet #60 and Trazodone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter/Ultracet.

Decision rationale: The long term utilization of opioids is not supported per the MTUS guidelines for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. In addition, per ODG Tramadol/Acetaminophen (Ultracet; generic available) is supported for short-term use less than five days in acute pain management. In this case, the medical records indicate that Ultracet has been prescribed for an extended period of time. The request for Ultracet #60 with 2 refills is not medically necessary and appropriate.

Trazodone 50mg #30 with 2 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 (ODG), 2013, Online Version, Mental Illness & Stress, Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter/ Trazodone (Desyrel).

Decision rationale: According to ODG, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, Trazodone is being prescribed for insomnia; however, the medical records do not establish coexisting depression or anxiety to support utilization of Trazodone. The request for Trazodone 50mg #30 with 2 refills is not medically necessary and appropriate.

