MAXIMUS Federal Services

Case Number:	CM15-0205764		
Date Assigned:	10/22/2015	Date of Injury:	09/07/1995
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
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: Connecticut, California, Virginia
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 injured worker is a 48 year old female who sustained an industrial injury September 7, 1995. Past history included lumbar laminectomy L5 1998, posterior spinal fusion with instrumentation at L5-S1 with harvesting of the iliac bone, and hardware removal, 2000, breast lumpectomy(unspecified), hypertension, asthma, murmur, and cancer. She had injection therapy greater than two years ago which decreased her pain by 50%. According to the only physician's progress report available for review dated April 29, 2015, the injured worker presented with complaints of continued left lower limb pain that goes into the calf and anterior thigh. The physician documented; "over the past one year, the pain has been so significant that she is unable to stand or walk for greater than 10 minutes at a time". She rates her pain 9 out of 10, described as pins and needles when she sits and painful to walk and bear weight on the left leg. She has had an exacerbation of neck pain, specifically on the right and left sides. She presents for trigger point injection #3. Current medication included Cymbalta, Meloxicam, Flector Patch, and Amitriptyline. Objective findings included; gait nonantalgic; cervical range of motion is limited secondary to pain, lateral rotation is limited by 50% right side and 30% left side, trigger points noted in the levator scapulae muscles and the rhomboid muscles, bilaterally. Diagnoses are left L5 radiculopathy; chronic pain syndrome; post-laminectomy syndrome; cervicalgia; cervical facet pain at the C4-5 and C5-6 levels bilaterally. Treatment plan included aquatic therapy and multiple trigger point injections performed. At issue, is a request for authorization for Flector Patches and Trazodone. According to utilization review dated October 7, 2015, the requests for Flector Patches and Trazodone 50mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: Upheld

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

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

Decision rationale: The MTUS lists diclofenac sodium gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The provided documents do not provide strong objective evidence of functional improvement on the medication, and only one note is provided which is not supportive of the request. Continued use of topical diclofenac in conjunction as topical treatment can result in blood concentrations and systemic effects comparable to oral forms, and therefore the request cannot be considered medically necessary without further justification.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chronic Pain Chapter Chapter 6 Revised page 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia, trazodone.

Decision rationale: The MTUS does not mention trazodone with respect to insomnia, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case, as it is assumed that insomnia is the reason for the request (although no clear indication is provided in the documents). The ODG discuss the drug being used to treat insomnia; however, there is less evidence to support its use for insomnia. Trazodone may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia, but the provided records do not give indication to support the request. Given the guidelines and provided documents, the request for trazodone is not considered medically appropriate.