MAXIMUS Federal Services

Case Number:	CM15-0208038		
Date Assigned:	10/26/2015	Date of Injury:	12/11/2001
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina, Georgia
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 37 year old male, who sustained an industrial injury on 12-11-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbosacral degenerative disc disease, hip pain, chronic back pain, knee pain and sacroiliitis. Medical records (to 08-14-2015) indicate ongoing low back pain. Pain levels were rated 6 out of 10 in severity on a visual analog scale (VAS), with medications and 9 out of 10 without medications. Records also indicate increased activity levels. Per the treating physician's progress report (PR), the IW has not returned to work and that he lost his job while waiting for a sacroiliac (SI) joint injection. The physical exam, dated 08-14-2015, revealed tenderness to palpation over the lumbar region and bilateral knee joint lines, restricted and painful range of motion in the lumbar spine, left hip and both knees, moderate effusion in the right knee and mild in the left, and positive patellar grind test bilaterally. Relevant treatments have included: left knee surgery (2002 & 2005), knee injections, SI injections, physical therapy (PT), work restrictions, and pain medications (trazodone, Protonix and Lodine since at least 2014). The treating physician indicates that CURES are appropriate and urine drug screenings have been consistent. The request for authorization (09-18-2015) shows that the following medications were requested: trazodone 50mg #60 with 1 refill, Protonix 40mg #30 with 1 refill, and Lodine 300mg #60 with 1 refill. The original utilization review (09-25-2015) non-certified the request for trazodone 50mg #60 with 1 refill, Protonix 40mg #30 with 1 refill, and Lodine 300mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS is silent on the use of trazodone. ODG addresses its use in the section on Mental/Stress. Trazodone is recommended as a second line treatment for use for insomnia with concurrent mild depression or anxiety. There is no clear cut evidence to recommend it as first line treatment for insomnia. It is used off label for alcoholism, anxiety and panic disorder. It is generally not used for major depressive disorder. In this case, the claimant does not have diagnoses of insomnia, anxiety and depression. There is no other documented prior treatment of insomnia, behavioral or pharmacologic, and no clear documentation of response to treatment with Trazodone. The request for trazodone #60 with 1 refill is not medically necessary and the original UR decision is upheld.

Protonix 40mg #30 refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro- intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events. Therefore this request is not medically necessary.

Lodine 300mg #60 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation www.rxlist.com/lodine-drug.htm.

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

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Lodine300 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Lodine. Lodine 300 mg #60 is not medically necessary.