

Case Number:	CM15-0029074		
Date Assigned:	02/23/2015	Date of Injury:	07/08/2013
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 [REDACTED] employee who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of July 8, 2013. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve requests for Desyrel and Docuprene. Progress notes of February 26, 2015, February 5, 2015, and January 29, 2015 reportedly formed the basis for the determination. The claims administrator did, it was incidentally noted, approve naproxen and omeprazole. In a podiatry note dated February 6, 2015, the applicant was given work restrictions and a foot corticosteroid injection for purported plantar fasciitis. On February 26, 2015, it was acknowledged that the applicant was not working. Highly variable 5-8/10 ankle pain was appreciated. Norco, naproxen, and Voltaren gel were endorsed. The applicant was asked to consult psychiatry for issues with anxiety. The attending provider stated that the applicant's employer was unwilling to allow him to return to work. On September 19, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of ankle pain. The applicant was given a topical salicylate containing drug for the ankle. On October 30, 2014, the applicant was again placed off of work, on total temporary disability. Voltaren gel was endorsed. There was no mention of the need for trazodone or Desyrel on several progress notes, referenced above, throughout late 2014 and/or early 2015. Several progress notes, it was further noted, failed to contain a complete list of the applicant's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

Decision rationale: No, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone are recommended in the treatment of chronic pain and, in particular, in the treatment of neuropathic pain, 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 medication efficacy into his choice of recommendations. Here, however, the attending provider's progress notes, referenced above, failed to contain any explicit discussion of whether or not the applicant was or was not benefiting from ongoing trazodone (Desyrel) usage. The attending provider did not state whether ongoing trazodone (Desyrel) usage was intended to treat chronic pain issues versus depressive symptoms. The bulk of the progress notes on file, furthermore, contained no mention of the applicant's using trazodone (Desyrel). The attending provider's progress notes of late 2015 and early 2014 did not, as noted previously, contain much discussion of medication efficacy or, on many occasions, discuss the applicant's medication list. Therefore, the request was not medically necessary.

Doc-Prene 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 77 of 127.

Decision rationale: Conversely, the request for Docuprene, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants who are using opioid agents. Here, the applicant was/is using tramadol, an opioid agent. The applicant could reasonably or plausibly be expected to experience some symptoms of constipation associated with the same. Introduction, selection, and/or ongoing usage of Docuprene, a laxative agent, was, thus, indicated here. Therefore, the request was medically necessary.

