

Case Number:	CM15-0213275		
Date Assigned:	11/03/2015	Date of Injury:	08/24/2011
Decision Date:	12/15/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/29/2015

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
 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 50 year old female, who sustained an industrial injury on August 24, 2011. The injured worker was diagnosed as having cervical strain, crush injury to the right foot, flail distal phalanx right third toe, lumbosacral sprain with radicular symptoms, multilevel cervical spine neural foraminal and spinal canal stenosis moderate at cervical five to six and cervical six to seven, right knee chondromalacia patella with rule out internal derangement, status post right third toe pin fixation, sensory loss of the right foot, spinal cord lesions suspicious for demyelinating disease, and status post partial amputation of the right fourth and fifth toes. Treatment and diagnostic studies to date has included status post right foot surgery, medication regimen, and physical therapy. In a progress note dated October 12, 2015 the treating physician reports complaints of pain to the neck, the lumbar spine, and the foot. Examination performed on October 12, 2015 was revealing for decreased range of motion to the cervical spine and decreased range of motion to the lumbar spine with pain. The injured worker's medication regimen on October 12, 2015 included Norco, Tramadol, and Trazadone with the start date to these medications not documented in the medical records. The medical records provided did not include the injured worker's pain level prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with activities of daily living with the use of medication regimen. The progress note from October 12, 2015 noted that the use of the medication Trazadone is used as a sleep aid and it does "help her rest", but the medical records

provided did not indicate that the injured worker had symptoms of insomnia. The medical records provided did not include how long this sleep medication has been used, if other sleep medications have been tried, the injured worker's daily wake time, if the injured worker maintained a consistent bedtime, any use of relaxation activities prior to bed, the avoidance of caffeine and nicotine for at least six hours before bed, the avoidance of napping, the injured worker's onset of sleep, her sleep quality, and her next day functioning. On the treating physician requested Norco 5-325mg with a quantity of 90 for pain, Tramadol 50mg with a quantity of 90 for pain, and Trazodone 50mg with a quantity of 30 with 2 refills for sleep. On October 27, 2015 the Utilization Review denied the requests for Norco 5-325mg with a quantity of 90, Tramadol 50mg with a quantity of 90, and Trazodone 50mg with a quantity of 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in

VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Trazodone 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.