

Case Number:	CM15-0217116		
Date Assigned:	11/06/2015	Date of Injury:	08/09/2005
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 57-year-old female, who sustained an industrial injury on 8-9-05. The injured worker was diagnosed as having status post interbody fusion L5 to S1 in 1-2008, rule out symptomatic hardware and bilateral sacroiliac joint dysfunction. Subjective findings (6-17-15, 7-23-15 and 8-20-15) indicated 7-8 out of 10 pain in the lower back. Objective findings (6-17-15, 7-23-15 and 8-20-15) revealed lumbar flexion was 30-45 degrees, extension was 5-10 degrees and lateral bending was 20 degrees. There was also tenderness to palpation in the lower thoracic and midline lower lumbar spine. As of the PR2 dated 9-17-15, the injured worker reports ongoing difficulty with pain in the center of her back. She rates her average pain 7 out of 10, highest pain is 10 out of 10 and lowest pain is 3 out of 10. Objective findings include lumbar flexion is 45 degrees and extension is 5 degrees and tenderness to palpation over the lumbar sacral junction over L4-L5 and L5-S1 segments. Current medications include Norco, Soma, Ambien, Lidoderm patch, Ibuprofen and Neurontin. The treating physician recommended starting Trazodone and Butrans patch. Treatment to date has included a diagnostic hardware block at L5-S1 on 5-11-15, physical therapy and trigger point injections (dates of service not provided). The Utilization Review dated 10-6-15, non-certified the request for Butrans 5mch-hr patches #4 and Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5mcg/hr patch #4: Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 26-27 recommends use of Buprenorphine as an option in the treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In this case, there is lack of evidence in the records of 9/17/15 of opiate addiction to warrant the use of a Butrans patch. Therefore the request is not medically necessary and non-certified.

Trazodone 50mg #60: 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) mental illness and stress chapter / Trazadone.

Decision rationale: The CA MTUS/ ACOEM guidelines are silent regarding trazodone. The ODG-TWC, mental illness and stress chapter recommends Trazadone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. In this case, the patient does not meet ODG criteria for trazadone use and thus the prescription is not medically necessary.