

Case Number:	CM15-0217900		
Date Assigned:	11/09/2015	Date of Injury:	11/08/2004
Decision Date:	12/21/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/05/2015

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, Florida, 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 injured worker is a 53 year old female, who sustained an industrial injury on 11-8-04. The injured worker was diagnosed as having disorders of the lumbar spine. Treatment to date has included physical therapy; home exercise program; acupuncture; medications. Currently, the PR-2 notes dated 10-22-15 indicated the injured worker complains of neck pain and lower backache. The provider documents "Patient rates her pain with medications as 5 on a scale of 1 to 10. Patient rates her pain without medications as 8 on a scale of 1 to 10." She reports no change in pain location and no new problems or side-effects. She reports she is trying acupuncture for pain relief and her quality of sleep is poor. The provider reports the injured worker is stable on current medications with ability to perform her activities of daily living and participate in daily life with the aide of medications. He lists her current medications as: Motrin, Trazadone; MS Contin; Neurontin; Norco and Soma. The provider documents a physical examination noting she continues with low back, bilateral shoulder pain. Defers shoulder surgery and is seeing another provider for her shoulder. Notes shoulder injections have been denied. She also sees another provider for her bilateral wrist pain with a course of splinting, bilateral carpal tunnel braces noting an EMG-NCV indicated moderate impingement of bilateral median nerve at the carpal tunnel ligament and mild impingement of ulnar nerve at bilateral cubital tunnel, but negative for cervical radiculopathy. She is seeing another provider for bilateral knee pain and notes a total knee replacement for the left knee done on 10-1-13. She has had a cervical epidural steroid injection 6-20-12 reporting it took away her radiating arm pain with moderate improvement in the neck pain. He would like to consider another injection for the injured worker. The lumbar spine requests for x-rays, MRI and consult have been denied. He notes she is using a platform walker for ambulation. He is requesting another 6 sessions of acupuncture for the lumbar spine.

He is also requesting prescription refills on her current medications. PR-2 notes dated 8-27-15 indicated the injured worker complained of bilateral shoulder pain and low back pain radiating down right buttock and these medications were prescribed. PR-2 notes dated 7-14-15 indicates the injured worker was prescribed these same medications for bilateral knee pain. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 11-3-15 and NON-CERTIFICATION for Motrin 800mg #90 plus 3 refills. Utilization Review MODIFIED THE CERTIFICATION for Trazodone 50mg #60 plus 3 refills to Trazodone 50mg #60 WITH NO REFILLS. A request for authorization has been received for Trazodone 50mg #60 plus 3 refills and Motrin 800mg #90 plus 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg Qty: 60 plus 3 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 ODG, Stress Mental Section, Trazodone.

Decision rationale: This claimant was injured in 2004 with an unspecified disorder of the lumbar spine. There was neck and low back pain. This is a request for continued medicine. Objective, functional improvement out of the regimen is not noted. Regarding Trazodone, the MTUS is silent. The ODG notes, in the Stress/Mental section: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Trazodone has also been used for fibromyalgia. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. (AHRQ, 2008). However, evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. There has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. In this case, the evidence support either for primary psychiatric disorder usage, or as an option for a primary insomnia with coexisting psychiatric symptoms, is poor. The request is not medically necessary.

Motrin 800mg Qty: 90 plus 3 refills: Upheld

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

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

Decision rationale: As shared previously, this claimant was injured in 2004 with an unspecified disorder of the lumbar spine. There was neck and low back pain. This was a request for continued medicine. Objective, functional improvement out of the regimen is not noted. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.