

Case Number:	CM15-0222745		
Date Assigned:	11/18/2015	Date of Injury:	03/26/1997
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/12/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 67-year-old male who sustained an industrial injury on March 26, 1997. Medical diagnoses include chronic pain syndrome and chronic cervical and lumbar discogenic pain. In the provider notes dated September 24, 2015, the injured worker complained of neck and low back pain. He rates his pain 8 on the pain scale without pain medications and 6 on the pain scale with pain medications. On exam, the documentation stated there was spasm and tightness in the bilateral trapezoid group of the cervical spine. There were trigger points noted in the thoracic spine bilaterally T2 through T4 groups. He is unable to raise arms above shoulders. There were myofascial restrictions of the lumbar spine. Straight leg raises were positive bilaterally. The treatment plan includes medication refills. A Request for Authorization was submitted for trazodone HCl tablets 100 mg and Fioricet tablets 100. The Utilization Review dated November 5, 2015, denied the request for trazodone HCl tablets 100 mg and Fioricet tablets 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 MG, 1 Tab at Bedtime for Insomnia Related to Chronic Pain and Depression: Upheld

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

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 & Stress, Trazodone (Desyrel).

Decision rationale: The CA MTUS does not specifically address this topic; however, the cited ODG states that trazodone is recommended as an option for insomnia, but only for injured workers with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, the injured worker has been prescribed trazodone due to insomnia related to chronic pain and depression (severe emotional factors). The treating provider notes state the injured worker has been getting about 6 hours of sleep per night and is currently on an SSRI for emotional factors. However, the medical records submitted and reviewed lack discussion regarding his sleep hygiene and trazodone efficacy. Therefore, the request for trazodone 100 mg, 1 tab at bedtime, for insomnia related to chronic pain and depression is not medically necessary at this time.

Fioricet 50/300/40 MG 1 Tab, Twice A Day for Cervical Headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: According the cited CA MTUS guidelines, barbiturate-containing analgesic agents (BCAs), are not recommended for chronic pain. The potential for drug dependence is high, while no evidence exists to show clinically important enhancements of analgesic efficacy of BCAs due to the barbiturate constituents. The cited ODG further states that the AGS updated Beers criteria include barbiturates as an inappropriate medication. Therefore, the request for Fioricet 50/300/40 mg 1 tab, twice a day, for cervical headaches is not medically necessary and appropriate.