

Case Number:	CM15-0031530		
Date Assigned:	02/24/2015	Date of Injury:	02/21/1997
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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 72-year-old [REDACTED] employee who has filed a claim for chronic bilateral knee and bilateral shoulder pain reportedly associated with an industrial injury of February 21, 1997. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve requests for Norco and trazodone (Desyrel). The claims administrator referenced a January 6, 2015 progress note and associated RFA form of January 20, 2015 in its determination. The applicant's attorney subsequently appealed. On July 8, 2014, the applicant was given refills of Norco, Desyrel, and Neurontin. The applicant's stated diagnoses include chronic low back pain, bilateral upper extremity pain, chronic pain syndrome, chronic shoulder pain status post shoulder surgery, and chronic neck pain. 7/10 pain with medications versus 9/10 pain without medications was noted. The applicant stated that trazodone was attenuating various psychiatric issues, including insomnia. On January 21, 2015, the applicant was asked to continue a variety of medications, including Zestril, Zocor, metformin, and Pepcid. It was stated the applicant's blood sugars were well controlled. On January 6, 2015, the applicant was asked to continue Norco twice daily and also continue trazodone, apparently for depression-induced or pain-induced insomnia. On December 7, 2014, the applicant stated that trazodone was attenuating issues with insomnia. In a November 24, 2014 progress note, the applicant was described as having multifocal pain complaints interfering with day-to-day activities of daily living. The applicant's work status was not stated, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg two times a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant's work status was not outlined on several progress notes, referenced above. The applicant's pain complains were heightened from visit to visit, as opposed to reduced from visit to visit, despite ongoing Norco usage. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function affected as result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Trazodone 50mg by mouth at night as needed #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation KALYANAKRISHNAN RAMAKRISHNAN, MD, and DEWEY C. SCHEID, MD, MPH, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma Am Fam Physician. 2007 Aug 15;76(4):517-526. Antidepressants are an effective treatment option in patients with insomnia and coexisting depression. Trazodone is the most commonly prescribed sleep aid, but there is insufficient evidence to support its use in the absence of depression.

Decision rationale: Conversely, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful to alleviate symptoms of depression, as were reportedly present here on or around the date in question. The applicant was described as having various psychiatric issues, admittedly incompletely described and/or incompletely characterized by the treating provider. American Family Physician (AFP) also notes that trazodone is the most commonly prescribed sleep aid and is an effective treatment option for applicants with insomnia and superimposed depression. Here, the attending provider's documentation did suggest that ongoing usage of trazodone had effectively attenuated the applicant's issues with depression and/or attendant insomnia. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

