

Case Number:	CM15-0032390		
Date Assigned:	02/25/2015	Date of Injury:	11/20/2008
Decision Date:	04/16/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 20, 2008. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for tramadol and partially approved Desyrel, Restoril, and Ativan, seemingly for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated October 23, 2014, the applicant reported ongoing complaints of neck and low back pain, reportedly unchanged. The applicant had failed manipulative therapy, physical therapy, epidural injections, and massage therapy, the treating provider acknowledged. The applicant was off of work and was receiving both Social Security Disability Insurance (SSDI) and Workers' Compensation indemnity benefits, the treating provider reported. The attending provider also noted that the applicant's pain complaints were interfering with the applicant's ability to sleep, concentrate, socialize, and interact with family members. Nevertheless, the attending provider went on to refill Prilosec, Ativan, Restoril, tramadol, BuTrans, Desyrel, Naprosyn, Zanaflex, Ultracet, Xanax, Voltaren, Intermezzo, and Neurontin. On progress notes of November 18, 2014, December 15, 2014, January 17, 2015, and March 5, 2015, the attending provider went on to refill multiple medications, including Ativan, Restoril, Prilosec, Naprosyn, tramadol, Desyrel, Zanaflex, Ultracet, Xanax, Voltaren, Intermezzo, BuTrans, Gralise, and Desyrel. No explicit discussion of medication efficacy transpired on any of the office visits in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic 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 a result of the same. Here, however, the applicant was no longer working. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged on multiple occasions, including on October 18, 2014. The attending provider's progress notes also suggested that the applicant continued to report difficulty performing activities of daily living, sleeping, socializing, interacting with family members, etc. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.

Trazadone 50mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for trazodone, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants to exert their maximal effect, in this case, however, the applicant has been using trazodone, an atypical antidepressant, for what appears to be a minimum of several months. The attending provider continues to note that the applicant has ongoing issues with anxiety, difficulty concentrating, difficulty interacting with others, difficulty with socializing, etc., either a function of the applicant's depressive issues or his chronic pain issues or some combination of the two. The applicant has failed to return to work. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of trazodone. Therefore, the request was not medically necessary.

Temazepam 15mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for temazepam (Restoril), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam (Restoril) may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, however, the applicant has been using Restoril for what appears to be a minimum of several months to several years for anxiolytic and/or sedative effect. Such usage, however, runs counter to the short-term usage of anxiolytic medications espoused in ACOEM Chapter 15, page 402. It is further noted that the attending provider seemingly furnished the applicant with different anxiolytic medications, temazepam, lorazepam, and Xanax. No rationale for concurrent usage of three separate benzodiazepine anxiolytics was set forth. Therefore, the request was not medically necessary.

Lorazepam 2mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for lorazepam (Ativan), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as lorazepam may be appropriate for 'brief periods', in cases of overwhelming symptoms, in this case, however, the applicant has seemingly been employing lorazepam (Ativan) for what appears to be a minimum of several months to several years, for sedative and/or anxiolytic effect. Such usage, however, runs counter to the short-term role for benzodiazepine anxiolytics espoused on ACOEM Chapter 15, page 402. It is further noted that the attending provider has failed to furnish a clear or compelling rationale for concurrent usage of three separate anxiolytic medications, Xanax, lorazepam, and temazepam. Therefore, the request was not medically necessary.