

Case Number:	CM15-0040842		
Date Assigned:	03/11/2015	Date of Injury:	10/28/2005
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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
 Certification(s)/Specialty: 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 43 year old male, who sustained a work/ industrial injury on 10/28/05. He has reported initial symptoms of thoracic back pain. The injured worker was initially diagnosed as having thoracic sprain/strain. Treatments to date included medication (Ibuprofen, Prilosec, Ambien, Norco, Biofreeze), exercises, epidural steroid injections, and chiropractic care. Magnetic Resonance Imaging (MRI) reported degenerative disc disease with small right paracentral/subarticular disc herniation at T6-7 level which mildly indents the ventral cord without significant spinal stenosis, tiny C6-7 posterior disc abnormality without spinal stenosis. Currently, the injured worker complains of chronic neck and low back pain with radiation down the right leg with a mild limp. Medication currently being used was Tylenol #3, Ultram, Trazodone, and Biofreeze. The treating physician's report (PR-2) from 2/5/15 indicated the injured worker had tenderness across the lumbosacral junction. There was a positive straight leg raise (SLR), radiating symptoms down the back of the posterior right thigh and posterior calf, appeared to be in the S1 distribution. Treatment plan included changing medication from Tylenol #3 to Percocet for better pain control and Trazodone at night, drug screening, and request chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Percocet 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone & acetaminophen), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, short-acting opioids also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. In this case, the injured worker is followed for chronic neck and back pain. Chiropractic treatment is providing benefit for the cervical spine; however, the chief complaint is of low back pain. For better pain control, Percocet is being added to Ultram. It is noted that the injured worker is not able to tolerate Norco. Given the low dose of Percocet, this medication would be supported to address the injured worker's back pain and allow for increase in function. The request for (1) Prescription of Percocet 5/325mg #60 is medically necessary.

(1) Prescription of Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Anti-depressant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress Chapter: Trazodone (Desyrel).

Decision rationale: According to the Official Disability Guidelines, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. ODG notes that there is limited evidence to support the use of Trazodone for insomnia, but it may be an option in patients with coexisting depression. In this case, the medical records do not establish coexisting mild psychiatric symptoms such as depression or anxiety to support this medication as a sleep aid. The request for (1) Prescription of Trazodone 50mg #60 is not medically necessary.