

Case Number:	CM15-0042406		
Date Assigned:	03/12/2015	Date of Injury:	04/16/2003
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 63-year-old male who sustained an industrial injury on 4/16/03. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar disc degeneration, backache unspecified and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatments to date have included epidural injections, status post bilateral laminectomies at L3-4 and L5 on 3/15/05, status post lumbar fusion L2 to the sacrum on 6/13/06, thoracolumbar orthosis, psychiatric evaluation and oral pain medications. Currently, the injured worker complains of pain in the lumbosacral spine. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the patient has not shown functional improvement while taking this medication. Hydrocodone/APAP is not medically necessary.

Trazodone 100mg #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 (ODG); Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug Information.

Decision rationale: The MTUS is silent regarding the use of Trazodone. This medication is an anti-depressant medication of the serotonin re-uptake inhibitor class. The FDA has approved Trazodone for the use in depression with an initial dose of 150mg daily. Monitoring of this medication includes baseline liver function prior to and periodically during therapy; suicide ideation (especially at the beginning of therapy or when doses are increased or decreased); signs/symptoms of serotonin syndrome. In this case the documentation indicates the patient has chronic pain and doesn't suffer from active signs and symptoms of depression. He has been treated long term with this medication at a sub-therapeutic dose for depression and without documentation of monitoring LFTs or suicide ideation. The continued use of Trazodone is not medically necessary.