

Case Number:	CM15-0047124		
Date Assigned:	03/19/2015	Date of Injury:	05/12/2011
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57-year-old male, who sustained an industrial injury on May 12, 2011. He reported pain in the right gluteal region with pain in the middle and low back. The injured worker was diagnosed as having degenerative joint disease of the cervical spine, right sacroiliac joint dysfunction, degenerative joint disease of the lumbar spine and post-laminectomy syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the spine, trochanteric burse injection, medications and work restrictions. Currently, the injured worker complains of low back pain and right hip/gluteal pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 16, 2014, revealed continued pain. The plan included physical therapy and renewal of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norvasc 5mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration: Norvasc.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure <http://jama.jamanetwork.com/article.aspx?articleid=1791497>.

Decision rationale: This injured worker has a history of hypertension and receives both norvasc and benazapril as medications. The records do not document blood pressure or pulse in the physical exam nor review the medications with regards to efficacy or side effects. There is also no documentation of renal function. The records do not substantiate medical necessity for the medication, norvasc.

Benazepril 40mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration: Benazepril.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure <http://jama.jamanetwork.com/article.aspx?articleid=1791497>.

Decision rationale: This injured worker has a history of hypertension and receives both norvasc and benazapril as medications. The records do not document blood pressure or pulse in the physical exam nor review the medications with regards to efficacy or side effects. There is also no documentation of renal function. The records do not substantiate medical necessity for the medication, benazapril.

Trazodone 50mg quantity 30: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 13-14.

Decision rationale: Trazodone is an anti-depressant and a serotonin antagonist and reuptake inhibitor. Per the guidelines, anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, it appears that it is being prescribed for sleep. There is no documentation of a discussion of rationale, side effects or efficacy or other means of non-pharmacologic sleep strategies or sleep hygiene. The records do not support medical necessity for trazodone.