

Case Number:	CM15-0052102		
Date Assigned:	03/25/2015	Date of Injury:	10/19/2000
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male who reported an injury on 10/19/2000. The mechanism of injury was not specifically stated. The current diagnoses include lumbago, pain in the joint of the shoulder region, unspecified disorder of the bursae and tendons in the shoulder region, displacement of the cervical intervertebral disc, without myelopathy, degeneration of the cervical intervertebral disc, cervicalgia, cervical postlaminectomy syndrome, and brachial neuritis/radiculitis. The injured worker presented on 02/24/2015 with complaints of chronic severe neck pain as well as lower extremity pain. The injured worker reported 10/10 pain without medication and 6/10 with medication. The current medication regimen includes Oxycontin 40 mg, Norco 10/325 mg, Restoril 30 mg, and trazodone 100 mg. The injured worker is also status post cervical spinal fusion and left shoulder surgery x3. Upon examination there was tenderness to palpation over the C3-4 region, well healed surgical incisions, 45 degree flexion, 75 degree hyperextension, 55 degree rotation, tenderness to palpation over the thoracic spine, positive sitting straight leg raise bilaterally, and normal motor strength in the upper and lower extremities. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40 MG #105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesic. Ongoing review in documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medications since 09/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also frequency listed within the request. As such, the request is not medically appropriate.

Trazodone HCL 100 MG #15 with 1 Refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trazodone (Desyrel).

Decision rationale: The Official Disability Guidelines recommend trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker does not maintain a diagnosis of insomnia disorder. In addition, the injured worker had continuously utilized the above medication since 09/2014 without mention of functional improvement. Guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Restoril 30 MG #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In addition to Restoril for insomnia, the injured worker also utilizes trazodone for insomnia. The medical necessity for the 2 separate medications has not been established in this case. The injured worker does not maintain the diagnosis of insomnia disorder. In addition, the injured worker has utilized the above medication since 09/2014 without mention of functional

improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesic. Ongoing review in documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medications since 09/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also frequency listed within the request. As such, the request is not medically appropriate.