

Case Number:	CM15-0055405		
Date Assigned:	03/30/2015	Date of Injury:	05/30/2012
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female, who sustained an industrial injury on 5/3/12. She reported pain in her back, buttocks and bilateral lower extremities related to a slip and fall accident. The injured worker was diagnosed as having lumbar facet arthropathy and lumbar radiculopathy. Treatment to date has included lumbar epidural injections and pain medications. The 2013 MRI of the lumbar spine showed L4-L5 disc bulge, central stenosis and facet arthropathy. The radiological tests of the cervical spine showed C5-C6 degenerative disc disease. As of the PR2 dated 1/28/15, the injured worker reports constant lower back pain that radiates to the left lower extremity. The pain score without medications was rated at 10/10 on a 0 to 10 scale. The treating physician noted decreased range of motion and tenderness to palpation of the lumbar musculature. The treating physician requested to continue Norco 7.5/325mg, Ibuprofen 800mg and Trazodone 50mg The Injured Worker reported increased ADL and physical activities with utilization of pain medications. It was noted that the Injured Worker would be bedridden without medications. The medications listed are Norco, Ibuprofen, Trazodone and Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5-325mg tablet #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records show documentation of guidelines required compliance monitoring and functional restoration. There is no documentation of the presence of aberrant drug behaviors or adverse effect. The criteria for the use of Norco 7.5/325mg #90 was met. Therefore the request is medically necessary.

Ibuprofen 800mg #30 x 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complication. The records indicate that the patient reported significant pain relief and functional restoration with the utilization of Ibuprofen when needed. There was no reported adverse effect. The criteria for the use of Ibuprofen 800mg #30 3 Refills was met. Therefore the request is medically necessary.

Trazodone 50mg tablet #30 x 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of psychosomatic disorders and neuropathic pain associated with chronic pain syndrome. The presence of uncontrolled psychiatric conditions can be associated with decreased compliance to pain treatment, decreased efficacy of surgical procedures and PT as well as increased incidence of adverse medications effects. The records indicate that the

patient was diagnosed with anxiety disorder and depression. There is documentation of symptomatic relief and functional restoration with utilization of Trazodone. The criteria for the use of Trazodone 50mg #30 3 Refills was met. Therefore the request is medically necessary.