

Case Number:	CM14-0121469		
Date Assigned:	08/06/2014	Date of Injury:	10/19/2000
Decision Date:	10/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 47 year-old individual was reportedly injured on 10/19/2000. The most recent progress note, dated 6/17/2014, indicates that there were ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine: well-heeled surgical scar, positive tenderness to palpation the paraspinal musculature, limited range of motion, bilateral cervical muscle spasm. No recent diagnostic studies were available for review. Previous treatment includes cervical fusion, medications, and conservative treatment. A request had been made for OxyContin 40 mg #210, Trazodone 100 mg #15 with one refill, Restoril 30 mg #30, one refill, and was not certified in the pre-authorization process on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 75, 78, 92, 97 OF 127.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time.

Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

Trazodone 100mg #15, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain: Clinical Measures; Medications-Antidepressants (Electronically Cited).

Decision rationale: Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with anti-anxiety and sleep-inducing effects. MTUS/ACOEM practice guidelines do not support Trazodone for treatment of chronic persistent pain without depression. Review of the available medical records fails to document a diagnosis of depression. As such, this request is not considered medically necessary.

Restoil 30mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 24.

Decision rationale: The MTUS guidelines do not support benzodiazepines (Restoril) for long-term use because long-term efficacy is unproven and there is a significant risk of psychological and physical dependence and/or addiction. Most guidelines limit its use to 4 weeks. As such, this request is not considered medically necessary.