

Case Number:	CM14-0132857		
Date Assigned:	08/22/2014	Date of Injury:	03/01/2012
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 31-year-old individual was reportedly injured on 3/1/2012. The mechanism of injury was not listed. The most recent progress note, dated 6/24/2014, indicated that there were ongoing complaints of low back pain that radiated in the left lower extremity. The physical examination demonstrated the patient was not in an acute distress. The patient was pleasant. Lumbar extension was to 10° and flexion 245°. No recent diagnostic studies are available for review. There was mention of an MRI of the lumbar spine showing disc protrusion at L5-S1, displacing the S1 nerve root on the left and posterior hypertrophy at L4-L5. Previous treatment included TENS unit, medications, and conservative treatment. A request had been made for Protonix 20 mg #60 and Trazodone 50 mg #60 and was not certified in the pre-authorization process on 7/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of GI(Gastrointestinal) distress, which would require PPI treatment. As such, this request is not considered medically necessary.

TRAZODONE 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

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 sited).

Decision rationale: Trazodone (Desyrel) is an antidepressant of the serotonin antagonists and reuptake inhibitor (SARI) with anti-anxiety and sleep-inducing effects. American College of Occupational and Environmental Medicine (ACOEM) practice guidelines do not support Trazodone for treatment of depression when the patient is already taking a SSRI (Effexor). Review, of the available medical records, fails to document the need for a 2nd antidepressant medication. As such, this request is not considered medically necessary.