

Case Number:	CM14-0098386		
Date Assigned:	07/28/2014	Date of Injury:	04/03/2009
Decision Date:	10/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 64 year old male patient who reported an industrial injury to the back and knee on 4/3/2009, over 5 years ago, attributed to the performance of his usual and customary job tasks. The patient has been treated for knee pain, low back pain, lumbar disc disorder, lumbar radiculopathy, and lumbar spine DDD. The patient complained of back pain radiating from the low back down to the left lower extremity along with right knee pain. The patient was documented to be prescribed Colace, nortriptyline, trazodone, Skelaxin, Neurontin, and Penn said solution. A urine drug toxicology screen was positive for THC. The objective findings on examination documented evidence of decreased range of motion of the lumbar spine; tenderness to palpation of the paravertebral muscles; tight muscle band with trigger points; lumbar facet loading positive on the left; tenderness over the bilateral buttocks; range of motion restricted to the right knee; crepitus with range of motion; tenderness to palpation of the lateral joint line; tenderness palpation to the medial joint line of patella; knee was stable; patella grinding test positive; motor strength was mildly reduced to five minus/5 to the right EHL and ankle dorsiflexors; sensation was decreased over the lateral foot, medial foot, lateral calf, medial fly, lateral thigh on the right. The patient was to continue medications. The treatment plan also included no longer prescribing opioids due to positive cocaine use. It was noted that the patient declined a detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% Solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

Decision rationale: The prescription of topical Pennsaid 1.5% or Diclofenac Liquid 112 g is a NSAID for the treatment of inflammation and pain. The prescription is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines for the treatment of the effects of the industrial injury. The patient is noted to have diagnoses consistent with inflammation; however, there is no objective evidence to support the medical necessity of a liquid preparation for the treatment of osteoarthritis of the knee. There is no medical necessity for the prescribed Pennsaid 1.5% solution/lotion over the available Over The Counter (OTC) NSAIDs for the treatment of the effects of the industrial injury. The patient has exceeded the time period recommended for the use of a topical NSAID.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs, tri cyclic antidepressants Page(s): 107, 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- antidepressants for chronic pain

Decision rationale: The prescription of the antidepressant Trazodone 50 mg for the treatment of reported chronic pain or insomnia is consistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The Official Disability Guidelines recommend the use of Trazodone as a first line treatment for chronic pain with sleep issues/insomnia. The patient was reported to be prescribed a Tricyclic like medication although it is not clear why Elavil or Nortriptyline was not prescribed over the Trazodone for insomnia without first trying the readily available Over the Counter (OTC) sleep remedies. There is no mental status examination or demonstrated objective findings of depression documented. There is no documented insomnia or trial of OTC medications to remedy issues. The Trazodone is prescribed routinely without demonstrated medical necessity or a rationale to support medical necessity. There is no demonstrated medical necessity for the prescription of Trazodone as a sleeping agent or antidepressant. There was no documented failure of OTC medications. There is no documented persistent depression or insomnia for which OTC medications would not be appropriate or effective. The treating physician does not provide any rationale to support the medical necessity of Trazodone for insomnia or documented the treatment of insomnia to date. The patient is being prescribed the Trazodone for insomnia without any attempt to use the multiple sleep aids available OTC. There is no provided subjective or objective evidence to support the use of Trazodone on an industrial basis for this patient. There is no documentation of alternatives other than Trazodone has provided for insomnia or that the patient actually requires

sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that diet and exercise have failed for the treatment of sleep issues. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. There is no medical necessity for a hypnotic/antidepressant agent for sleep over the available OTC sleep remedies. There was no demonstrated medical necessity for the prescribed Trazodone 50 mg #30.

Colace 100mg #60: Upheld

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 Opioids Page(s): 80-82. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-16. Also the Official Disability Guidelines (ODG) Pain Chapter Opioids

Decision rationale: The prescription of Colace 100 mg bid is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient has been discontinued from opioids by the treating physician; therefore, there is no medical necessity for the Colace. The patient is not demonstrated to have constipation as a side effect of opioids prescribed for mechanical back pain. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Colace, Docusate Sodium, was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Colace is demonstrated to be medically necessary with the prn use of Hydrocodone and is not medically necessary for the treatment of the reported chronic back pain. The provider identified Opana ER that may lead to constipation for which Colace was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There was no documented functional improvement to the prescribed Colace.