

Case Number:	CM14-0117497		
Date Assigned:	08/06/2014	Date of Injury:	05/14/1998
Decision Date:	06/25/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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: Arizona, California Certification(s)/Specialty: Family Practice

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 39 year old male who reported an industrial injury on 5/14/1998. His diagnoses, and/or impressions, are noted to include: multi-level degenerative disc and joint disease, and post-surgical changes. No current imaging studies were noted. His treatments have included medication management and rest from work. The progress notes of 7/1/2014 noted back pain. His history notes chronic back pain with bilateral leg pain, as well as denial of requested medications. The objective findings were noted to fatigue; major depression; limited and painful lumbar range of motion, with marked tenderness; and decreased sensation in the bilateral lumbar dermatomes. The physician's requests for treatments were noted to include Trazadone, Lyrica and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCL 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazodone. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter / Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 14-18.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain. The claimant had been on the medications for over 10 yrs according to the progress note on 5/2/14. The claimant had been on opioids for pain and SNRI for depression. Although the claimant had major depression and back pain, there were no recent behavioral health notes or details on depression. Specific response to this medication was not provided. Continued and prolonged use of Trazadone is not medically necessary.

Lyrica 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin) Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines-Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics for several years. There is no indication for continued use and the Lyrica is not medically necessary.

Colace 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Colace. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter - Opioid induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids for years. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Continued use of Colace is not medically necessary.