

Case Number:	CM14-0212045		
Date Assigned:	01/02/2015	Date of Injury:	06/10/2010
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 10, 2010. In a utilization review report dated November 9, 2014, the claims administrator partially approved a request for Norco, partially approved a request for trazodone, and partially approved a request for Lunesta, the determinations apparently representing weaning supplies of each agent. A progress note dated November 4, 2014 was referenced in its determination. The claims administrator, it is incidentally noted, referenced the non-MTUS Chapter 6 ACOEM Guidelines, which it mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a handwritten note dated March 24, 2014, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back, mid back, hip, and pelvic pain. The note was sparse and contained no discussion of medication efficacy. No other progress notes were on file. Neither the November 7, 2014 progress note nor the November 11, 2014 RFA form in which the articles in question was sought were incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off work, on total temporary disability, despite ongoing usage of Norco. The sole progress note provided dated March 24, 2014 was sparse, handwritten, difficult to follow, not entirely legible, and contained no discussion of medication efficacy. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage. It is incidentally noted, however, that the November 7, 2014 progress note on which the claims administrator based its decision upon was not incorporated into the independent medical review packet, however. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Trazodone 50mg #30.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Topic; Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the documentation on file was sparse, handwritten, difficult to follow, not entirely legible, and did not contain any discussion of medication efficacy, although it is acknowledged that the November 7, 2014 progress note made available to the claims administrator was not incorporated into the independent medical review packet. The fact that the applicant remained off work, on total temporary disability, however, coupled with the fact that the applicant remained dependent on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of trazodone. Therefore, the request was not medically necessary.

Lunesta 3mg #15.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 ODG Mental Illness and Stress Chapter, Eszopiclone Topic.

Decision rationale: While the MTUS does not address the topic, ODG's Mental Illness and Stress Chapter Eszopiclone Topic notes that Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes, for insomnia. Here, the November 7, 2014 progress note made available to the claims administrator was not incorporated into the independent medical review packet. The information which is on file, however, suggested that Lunesta was being employed for long-term use purposes, despite the unfavorable ODG position on the same. No compelling applicant-specific rationale and/or medical evidence was furnished which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.