

Case Number:	CM14-0212891		
Date Assigned:	12/30/2014	Date of Injury:	01/10/2007
Decision Date:	03/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: 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:

Patient is a 44 year-old male with date of injury 02/12/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2014, lists subjective complaints as pain in the low back with radicular symptoms down both lower extremities. Patient is post-laminectomy of the lumbar spine with removal of hardware on 06/18/2013. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the posterior lumbar musculature with increased muscle rigidity bilaterally. There were numerous trigger points that were palpation and tender. Decreased range of motion in all planes with obvious muscle guarding. Deep tendon reflexes for the bilateral lower extremities were 2/4 for the patellae bilaterally and 1/4 for the Achilles tendon bilaterally. Decreased sensation along the posterolateral thigh and posterolateral calf at L5-S1 distribution. Positive straight leg raise bilaterally from a modified sitting position which caused radicular symptoms in the bilateral lower extremities. Diagnosis: 1. Lumbar degenerative disc disease with spondylolisthesis 2. Bilateral lower extremity radiculopathy, right greater than left 3. Medication induced gastritis 4. Sleep difficulties 5. Reactionary depression/anxiety 6. Removal of left kidney 7. Posterior lumbar interbody fusion L3-S1 on 12/05/2008 8. Revision with hardware removal, Feb. 2010 9. Failed spinal cord stimulator trial 10. Status post PLIF at L3-4, L4-5, and L5-S1 11. Status post removal of anterior interbody cages with repair of pseudoarthritis and interbody fusion at L4-5, and L5-S1 12. Erectile dysfunction 13. Cervical myoligamentous injury bilateral upper extremity radicular symptoms 14. Removal of hardware with extension of fusion to L2-3 14. Newly diagnosed hypertension, industrially related. The medical records supplied for review

document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Oxycontin 40mg, #70 SIG: BID 2. Norco 10/325mg, #240 SIG: QID PRN3. Trazadone 100mg, #30 SIG: at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of OxyContin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Oxycontin 40mg #70 is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking.

Trazadone 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Trazodone 100mg #30 is not medically necessary.

Inpatient detoxification program 7-10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Inpatient detoxification program 7-10 days is not medically necessary.