

Case Number:	CM14-0218893		
Date Assigned:	01/08/2015	Date of Injury:	06/08/2005
Decision Date:	03/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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, Massachusetts

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 injured worker is a 50 year old female, who sustained an industrial injury on 06/08/2005. She had reported a sharp pain to the lower back that radiated down the right leg after bending at the waist to lift a rug and was then diagnosed with lumbar degenerative disc disease, chronic low back pain, bilateral sciatic pain, and pain-related insomnia. Treatment to date has included epidural steroid injections, facet nerve blocks on 09/27/2007, home exercise program, and medication history of Norco, Robaxin, Trazodone, Fentanyl Patches, and Gabapentin. Currently, the injured worker complains of low back pain that radiates to the bilateral lower extremities and rates the pain an eight out of ten. The treating physician requested a refill for Baclofen and Trazodone prescriptions documenting that the injured worker has improvement of pain and function with the Baclofen noted for use with her back spasms and the Trazodone was noted to assist the injured worker to sleep more comfortably. On 12/01/2014, Utilization Review modified the prescriptions for Trazodone 50mg with a quantity of 60 with 3 refills to Trazodone 50mg with a quantity of 60 between 11/21/2014 and 3/26/2015 and the prescription of Baclofen 10mg with a quantity of 60 with three refills to Baclofen 10mg with a quantity of 60 between 11/21/2014 and 03/26/2014. Utilization Review modified these prescriptions based on the Official Disability Guidelines and California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg quantity 60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress

Decision rationale: According to the ODG trazadone is appropriate treatment for insomnia with concomitant depression. The patient has a history of anxiety, depression and insomnia that is effectively controlled with trazadone. The patient is an appropriate candidate for treatment with trazadone and this medication is medically appropriate. The peer-reviewer modified the request from three refills which would supply the patient with 4 months worth of medication although did not describe why the medication with refills was not approved. It is important that the efficacy, safety and necessity of this medication should be reassessed at the patient's monthly visits with the treating provider, I do not believe that this is a reason not to certify the requested refills as the patient has been stable on this medication with no reported side effects or adverse drug effects. If the medication is causing side effect or not effective than the treating provider will discontinue it prior to completing the 4 months of treatment. Requiring a monthly review and approval to continue this medication beyond a thirty day supply will result in possible unnecessary delay and expense in providing the patient with this medication, a medication which is medically appropriate.

Baclofen 10mg quantity 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.