

Case Number:	CM14-0035713		
Date Assigned:	05/22/2015	Date of Injury:	11/02/1994
Decision Date:	06/25/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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: New York

Certification(s)/Specialty: Emergency 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 53-year-old male, who sustained an industrial injury on 11/2/94. He previously had an injury in 1986 with a discectomy and laminectomy. In 1994 he reported initial complaints of neck and back injury after slipping and falling on stairs. Diagnoses have included failed back syndrome, lumbar arthritis without myelopathy, and cervical spondylosis without myelopathy, cervical radiculitis, cervical degenerative disc disease (DDD), and osteoarthritis of the hip. Treatment to date has included history of discectomy, laminectomy, medications, activity modifications, radiofrequency ablation, cervical epidural injections, cervical spinal cord stimulator, trigger point injections, pain management, and physical therapy. Currently, as per the physician progress note dated 3/23/2015 the injured worker complains of aching neck pain that is worse in the morning and moderately limits activities. There is report of radicular pain to the right arm. The IW also complains of constant low back pain with muscular spasm and radiation to right lower extremity. The review of systems reveals muscle weakness, numbness, tingling, frequent headaches, back and neck pain, cramps in the muscles, foot problems, and nausea. The physical exam reveals he is anxious and standing due to discomfort. The IW reports pain is partially effective. He reports pain of 5-7/10 on most days. The IW reports improvement with previous injections. There is no discussion regarding pain improvement with respect to specific medications. The current medications included Oxycodone, Trazadone, Soma, Acetaminophen, and Naproxen. The physician requested treatments included Oxycodone 15mg #60 with 3 refills, Trazadone 50mg #60 with 6 refills, Naproxen 500mg #60 with 12 refills, 1 caudal epidural steroid injection and Soma 350mg #75 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with individual medications. The IW has been on the same medications for several years and reports minimal improvement in pain. There have be no adjunct therapies to mitigate symptoms. The included documentation fails to include the above-recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Trazodone 50mg #60 with 6 refills: 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) Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain - insomnia.

Decision rationale: The reports do not discuss the intended purpose of these medications. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. Note the ODG citation, which recommends short-term use of hypnotics, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. No physician reports describe the specific criteria for a sleep disorder. The reports do not show specific and significant benefit of trazodone. Sleep is not discussed in progress notes. The treating physician has not addressed any issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Trazodone is not medically necessary based on prolonged use contrary to guideline recommendations, lack of benefit, and lack of sufficient evaluation of the sleep disorder.

Naproxen 500mg #60 with 12 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; non-steroidal anti-inflammatory drugs Page(s): 66-68.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The IW has been taking this medication for a minimum of one year. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.

1 caudal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: CA MTUS recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electro diagnostic evidence to support a radiculopathy. In this case, the IW reports pain radiation to the leg. However, physical examination findings do not support radicular symptoms nor are there no diagnostic studies to support this process. Finally, the request is for a caudal injection. It is not clear from this request what level the intended injection is requested. Without these documented findings, guidelines are not met and the request for epidural steroid injection is not medically necessary.

Soma 350mg #75 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to CAMTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long-term use. Medical records support the IW has been taking this medication for a minimum of 12 months. The request does not include dosing and frequency. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.