

<b>Case Number:</b>	CM15-0105319		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Florida

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:

This 37 year old female sustained an industrial injury on 4/12/01. She subsequently reported back pain. Diagnoses include chronic low back pain, lumbar pro-disc surgery at L4-5 and L5-S1 and lumbar radiculopathy. Treatments to date include x-ray and MRI testing, spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience chronic low back pain that radiates to the lower extremities. Upon examination, there is moderate tenderness to palpation to the lumbar paraspinal muscles, right worse than left. Lower extremity sensation to light touch and strength are within normal limits bilaterally. Straight leg raise test is negative on the right. A request for Dilaudid, Trazodone and Methadone medications made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4 MG #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

**Trazodone 150 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Eddition. Trazodone.

**Decision rationale:** MTUS guidelines are silent on the issue of Trazodone. Likewise, ODG guidelines were referenced. ODG states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Regarding this patient's case, there is no documentation of continued efficacy with this medication. Likewise, this request is not considered medically necessary.

**Methadone 10 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-80 of 127 Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.