MAXIMUS Federal Services

Case Number:	CM15-0013365		
Date Assigned:	02/02/2015	Date of Injury:	02/22/2001
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 22, 2001.In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve requests for trazodone, Norco, morphine, Flexeril, and temazepam while partially approving a request for eight sessions of physical therapy as six sessions of the same.The applicant's attorney subsequently appealed.In a November 26, 2014 RFA form, physical therapy, Restoril, morphine, Flexeril, Desyrel, and Norco were endorsed, along with medical transportation to and from appointments. The applicant was also asked to pursue cognitive behavioral therapy.On December 20, 2014, the applicant reported ongoing complaints of low back pain, moderate-to-severe. The applicant's pain complaints were limiting and constraining her ability to work, socialize with others, interact with family members at home, perform recreational activities, perform outdoor activities, etc. The applicant's chronic pain complaints were generating associated marital discord, emotional disturbance, and financial issues. Sleep disturbance was noted. The applicant was nevertheless given refills of Norco, Desyrel, Restoril, morphine, Colace, and Flexeril. Various other medications, including Lyrica, Cymbalta, and Neurontin had apparently failed. The attending provider sought authorization for an orthopedic bed, walk-in tub, physical therapy, and cognitive behavioral therapy. The applicant was not working. Topical compounds were also endorsed. The applicant was a qualified injured worker, it was acknowledged. The applicant still had issues with weight gain,

sleep disturbance, anxiety, and depression which had arisen since the industrial injury, the attending provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 MG #60 for 1 Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: 1. No, the request for trazodone (Desyrel), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here.While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone often take "weeks" to exert their maximal effect, in this case, however, the applicant has been using trazodone (Desyrel) for what appears to be a minimum of several months. The applicant has failed to achieve any meaningful or material improvements in mood or function despite ongoing trazodone usage. The applicant remains off of work. The applicant continues to have issues with marital disturbance, sleep disturbance, emotional disturbance, etc., despite ongoing trazodone usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of trazodone. Therefore, the request was not medically necessary.

Hydrocodone/APAP 10/325 MG #180 for 1 Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 2. The request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here.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, however, the applicant was off of work, it was acknowledged on the December 23, 2014 progress note on which morphine was renewed. The applicant was described as a qualified injured worker, suggesting that the applicant was not working on that date. Pain complaints in the moderate-to-severe range were noted. The applicant was having associated difficulty sleeping, socializing, working, etc., the treating provider acknowledged, despite ongoing hydrocodone-acetaminophen (Norco) usage. Therefore, the request was not medically necessary.

Morphine Sulfate Tab 100 MG ER #60 for 1 Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 3. Similarly, the request for morphine, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here.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, however, the applicant was/is off of work, despite ongoing morphine usage. The applicant was a qualified injured worker, the treating provider acknowledged, despite ongoing morphine usage. The applicant continued to report pain complaints in the moderate-to-severe range and continued to report difficulty interacting with family members, socializing, sleeping, etc., despite ongoing morphine usage. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with morphine. Therefore, the request was not medically necessary.

Cyclobenzaprine 10 MG #60 for 1 Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 979.

Decision rationale: 4. Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here.As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including morphine, Norco, etc. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Temazepam Cap 30 MG #60 for 1 Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES .....

Decision rationale: 5. Similarly, the request for temazepam (Restoril), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here.While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam (Restoril) may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the 60-tablet supply of temazepam (Restoril) at issue represents chronic, long-term, and daily usage, for anxiolytic effect. Such usage, however, runs counter to the short-term usage for which anxiolytics such as temazepam are recommended, per ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Physical Therapy 2 Times A Week for 4 Weeks to The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 6. Finally, the request for eight sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here.As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the request for eight sessions of physical therapy represents a request for extension of physical therapy. The applicant had had prior unspecified amounts of physical therapy over the course of the claim. The applicant had, however, seemingly failed to profit from the same. The applicant remained off of work, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. The applicant remained dependent on opioid agents such as morphine and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.