MAXIMUS Federal Services

Case Number:	CM15-0014611		
Date Assigned:	02/02/2015	Date of Injury:	03/10/2006
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 03/10/2006. His date of birth was not supplied. On 12/23/2014, he presented for a followup evaluation regarding his work related injury. He noted ongoing low back and thoracic spine pain rated at an 8/10 to 9/10. He noted that with his medications his pain level would come down to a 5/10, and without it would be an 8/10 to 9/10. It was stated that his depression and anxiety had gotten significant and he had no motivation. His random urine drug screen was noted to be consistent and his CURES reports reportedly show that he was not receiving narcotics from physicians outside of the primary care physician's clinic. His medications at that time included OxyContin 20 mg twice a day, Cymbalta 30 mg twice a day, Colace 100 mg 3 to 4 times a day, and trazodone 50 mg 1 to 2 at night. A physical examination showed that he was very uncomfortable and appeared to be very anxious. He was moving about the room trying to get comfortable, but could not comfortable, and he had increased tenderness to the lumbar paraspinal muscles into the bilateral muscles with decreased range of motion in all planes. The treatment plan was for OxyContin 20 mg #60, Cymbalta 30 mg #60, and trazodone 50 mg #60. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does show that the injured worker had reported a quantitative decrease in pain with the use of his medications. However, there is a lack of documentation showing objective findings that indicate that he was having an objective improvement in function to support the requested medication. Also, official urine drug screens and CURES reports were not provided for review to validate his compliance. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Cymbalta 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 16.

Decision rationale: The California MTUS Guidelines indicate that SSRIs are a class of antidepressants that inhibit serotonin reuptake without action and have a main role in addressing psychological symptoms associated with chronic pain. The documentation provided does not show that the injured worker was receiving a quantitative decrease in pain or an objective improvement in function or a decrease in his psychological symptoms due to the use of this medication to support its continuation. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Trazadone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

Decision rationale: The Official Disability Guidelines state that trazodone is recommended as an option for insomnia for those only with coexisting mild psychiatric symptoms, such as

depression or anxiety. The documentation provided does not indicate that the injured worker had insomnia or that he had an increase in his function or a decrease in his pain or better sleep with use of this medication. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.