

Case Number:	CM15-0015363		
Date Assigned:	02/03/2015	Date of Injury:	10/13/2012
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
 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:

The injured worker was a 60 year old female, who sustained an industrial injury, October 13, 2012. The injured workers chief complaint was of low back pain, left shoulder and left knee pain. The injured worker was diagnosed with cervical sprain, status post-surgery for fracture of the left forearm, left shoulder arthroscopic surgery, bilateral arthroscopic surgery, contracture of the left elbow, bilateral knee sprain, lumbar sprain, left foot, sprain and right hip sprain. The injured worker previously received the following treatments pain medication, physical therapy, manipulation, acupuncture, left knee medical meniscus tear, left shoulder arthroscopic and rotator cuff repair, laboratory studies, physical therapy, status post left knee surgery and lumbago with lumbar strain. According to progress note of January 6, 2015, the injured worker was full weight bearing and with a normal gait. The range of motion was within normal limits. The injured worker continues with low back discomfort. The injured workers pain level was 7-8 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was still participating in physical therapy. The claimant had mentioned that the pain relief is brief with medication and it returns. Reduction in pain score with medication is not mentioned. The claimant had been on the above pain medications for over 6 months. On January 6, 2015, the primary treating physician requested Oxycodone 10mg #60, Diazepam mg #30 and Trazodone 100mg #30 to continue to manage back, left shoulder and left knee discomfort. On January 26, 2015, the UR denied authorization for prescriptions for Oxycodone 10mg #60, Diazepam mg #30 and Trazodone 100mg #30. The denial was based on the MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 6 months without significant duration of improvement in pain or function. The continued use of Oxycodone is not medically necessary.

Diazepam 5 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazpines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on the medication for over 6 months. There is no indication for long-term use. The claimant mentions that the benefit is "short". The continued use of Diazepam is not medically necessary.

Trazodone 100 mg # 30: 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 and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 14-18.

Decision rationale: Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be

effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain or knee pain. There was no indication of neuropathy. The claimant had short-term relief from medications and the claimant had been on Trazadone for several months. Continued and prolonged use of Trazadone is not medically necessary.