

Case Number:	CM15-0015723		
Date Assigned:	02/03/2015	Date of Injury:	03/18/2010
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male, who sustained an industrial injury on March 18, 2010. The diagnoses have included hip bursitis, elbow pain, shoulder pain, and knee pain. Treatment to date has included splinting, physical therapy, compression stockings, bracing, aqua therapy, and medications. Currently, the injured worker complains of bilateral shoulder pain, bilateral elbow pain, left hip pain, and left knee pain. The Primary Treating Physician's report dated January 2, 2015, noted the bilateral shoulders with restricted movements due to pain, left groin tenderness, and tenderness to palpation over the left knee lateral joint line. On January 21, 2015, Utilization Review non-certified Norco 10/325mg QTY: 100, Trazadone 50mg QTY: 30, and Mobic 15mg QTY: 30 with one refill. The UR Physician noted that functional goals and benefit from the Norco were not apparent, however based on the nature of the drug, weaning was recommended with a one month supply allowed, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted it was not clear why the injured worker was prescribed the Trazadone, therefore the request was not medically necessary, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the Mobic 15mg QTY: 30 with one refill for the date of service of January 14, 2015, was medically necessary. On January 27, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg QTY: 100, Trazadone 50mg QTY: 30, and Mobic 15mg QTY: 30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg QTY: 100.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 78-80. Decision based on Non-MTUS Citation 9792.20. Medical Treatment Utilization Schedule-Definitions page 1

Decision rationale: Norco 10-325mg QTY: 100.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient is being prescribed opioids without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement as defined by the MTUS predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effect. Opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or mechanical and compressive etiologies. The documentation does not indicate recent attempts at weaning opioids or objective measurements of functional improvement. For all of these reasons the request for Norco is not medically necessary.

Trazodone 50mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Chronic Pain, Chapter 6, revised page 99

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental illness and stress- Trazodone (Desyrel)

Decision rationale: Trazodone 50mg QTY: 30.00 is not medically necessary per the ODG. The 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. The ODG states that this is not a first line medication for insomnia. The documentation does not reveal why the patient requires Trazodone. There is no discussion on depression/anxiety or how this medication is helping any depressive or anxiety symptoms. The request for Trazodone is not medically necessary.