

Case Number:	CM15-0110848		
Date Assigned:	06/17/2015	Date of Injury:	06/29/2013
Decision Date:	09/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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: Internal Medicine, Rheumatology

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 49 year old male with an industrial injury dated 06/29/2013 resulting in low back pain. His diagnoses included lumbar sprain with lumbar 5 radiculopathy, thoracic sprain and upper back strain. Prior treatments included acupuncture, deep tissue massage, chiropractic treatment, physical therapy, self-directed exercises, epidural injections, MRI's and facet blocks. He presents on 05/18/2015 for evaluation of low back pain with radiation down his leg which gets worse in the course of a day. He was working full time but is painful and fatigued by the end of the day. Physical exam noted the injured worker gets in and out of the chair with some guarding of the back. He had flattened lumbar lordosis and tenderness over the lumbosacral region as well as lumbar para vertebral muscles. He was able to bend forward and touch his ankles with extension increasing back pain. There was some pulling in the low back with straight leg raising. Medications included Flexeril, Omeprazole and Lisinopril/Hydrochlorothiazide. The provider noted Flexeril was not effective. The treatment plan included refilling Percocet 5/325, Cymbalta, Flexeril and Trazodone. The provider notes the injured worker may be a candidate for radio frequency ablations. The treatment request is for Cymbalta 20 mg # 60, Percocet 5/325 mg # 40, Trazodone 50 mg # 30, Tizanidine and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old male has complained of low back pain since 6/29/2013. He has been treated with epidural steroid injections, facet blocks, acupuncture, chiropractic treatment and medications to include opioids since at least 04/2015. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non- opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not medically necessary.

Trazodone 50mg #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), <http://www.drugs.com/pro/desyrel.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: This 49 year old male has complained of low back pain since 6/29/2013. He has been treated with epidural steroid injections, facet blocks, acupuncture, chiropractic treatment and medications. The current request is for Trazodone. Trazodone is approved for the treatment of depression. There is inadequate documentation of any subjective or objective findings of anxiety or depression in this patient. On the basis of this lack of medical documentation Trazodone is not medically necessary in this patient.

Cymbalta 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15-16, 43-44.

Decision rationale: This 49 year old male has complained of low back pain since 6/29/2013. He has been treated with epidural steroid injections, facet blocks, acupuncture, chiropractic

treatment and medications. The current request is for Cymbalta. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is inadequate documentation in the available medical records supporting any of these diagnoses. On the basis of the available medical documentation and per the MTUS guidelines cited above, Cymbalta is not medically necessary in this patient.

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311.

Decision rationale: This 49 year old male has complained of low back pain since 6/29/2013. He has been treated with epidural steroid injections, facet blocks, acupuncture, chiropractic treatment and medications. The current request is for a pain management consultation. There is inadequate documentation of severe pain that would require intervention from a pain management specialist nor is there clear documentation regarding provider expectations from a pain management consultation. On the basis of the available medical records and per the MTUS guidelines cited above, pain management consultation is not medically necessary.

Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 49 year old male has complained of low back pain since 6/29/2013. He has been treated with epidural steroid injections, facet blocks, acupuncture, chiropractic treatment and medications to include muscle relaxants since at least 04/2015. The current request is for Tizanidine. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not medically necessary.