

Case Number:	CM15-0112555		
Date Assigned:	07/22/2015	Date of Injury:	07/21/2006
Decision Date:	08/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 58-year-old male, who sustained an industrial injury on 7/21/06. He reported left shoulder, left knee, right knee and physical-mental injuries. The injured worker was diagnosed as having rotator cuff syndrome, status post multiple left shoulder surgeries, status post multiple left knee surgeries with instability and right knee degenerative joint disease. Treatment to date has included oral medications including Norco, Pamelor, Colace and Trazadone; physical therapy, Synvisc injections, bracing, left total knee replacement, revision, and activity restrictions. Currently on 5/13/15, the injured worker complains of pain in left shoulder, bilateral wrists, left hip, low back and bilateral knees; he describes the pain as burning, tingling and shooting and rates current pain 7/10, intensity after the opioid 5/10 and relief lasts for 4 hours. It is noted he may return to modified work, however is currently not working. On 4/14/15, the pain was noted to be 8/10 in severity. Physical exam performed on 5/13/15 noted decreased painful flexion of right and left knee, antalgic gait and ambulation with single point cane. The treatment plan included prescriptions for Norco, Colace and Trazodone. A request for authorization was submitted on 5/15/15 for Norco 5/325mg #90 and Colace 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 25mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental/stress.

Decision rationale: Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, there is no documentation of a history of depression or anxiety. Medical necessity of the requested medication has not been established. The request for Trazodone is not medically necessary.

Norco 5/325mg quantity 90: 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): 74-96.

Decision rationale: According to the CA MTUS, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There was no documentation of functional improvement because of use of this medication. Norco has been prescribed for at least four months. Work status remains off work. There was no documentation of improvement in specific activities of daily living because of use of Norco. Documentation of a urine drug screen was not submitted. The intensity of pain had not decreased significantly since beginning Norco 12/14. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for Norco is not medically necessary.