

Case Number:	CM15-0114840		
Date Assigned:	06/23/2015	Date of Injury:	08/06/2010
Decision Date:	07/28/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial injury on 08/06/2010. She has reported subsequent low back and lower extremity pain and was diagnosed with chronic right L5-S1 radiculopathy, lumbosacral sprain with radicular symptoms, right sacroiliac joint dysfunction and ruptured disc at L4-L5 and L5-S1. The injured worker was also diagnosed with adjustment disorder with mixed anxiety and depressed mood, chronic. Treatment to date has included medication, acupuncture, chiropractic care, lumbar nerve blocks, lumbar epidural injections and physical therapy. PR2 notes on 11/13/2014 and 12/18/2014 indicate that the injured worker complained of continued right sided low back and gluteal pain despite the use of Norco. Objective findings showed tenderness of the right sacroiliac joint, weakness of the right hip to flexion, and positive right Patrick's, thigh thrust, Gaenslen's and pelvis distraction tests. There were no pain ratings provided, nor was there any discussion of the effectiveness of Norco or any adverse effects. In an psychiatric qualified medical evaluation dated 02/12/2015, the injured worker complained of significant side effects from medication including persistent nausea and memory/concentration problems which she attributed to Norco. At the time the prescribed medications were noted to be Norco, Lidocaine patch, NSAIDS, Abilify, Wellbutrin and Ambien. The injured worker complained of back pain that ranged from 5-10/10 as well as right hip and leg pain rated as 6-7/10 which were helped by Norco, Lidocaine and as needed NSAID use. Objective findings were notable for slow and deliberate gait, self-reported depression, blunted and irritable affect and difficulties recalling remote events. A request for authorization of Norco 10/325 mg #120 and Trazadone 50 mg #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

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

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, the ongoing use of opioid medication should include "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The medical documentation submitted does not include ratings of the injured worker's pain with and without the use of Norco, nor is there any documentation of significant pain reduction with the use of this medication. There is also no evidence of objective functional improvement with Norco or any discussion of side effects or indication for the potential for drug misuse or abuse. In addition, the most recent physician progress note dated 02/12/2015, shows that the injured worker was complaining of significant side effects including persistent nausea and memory/concentration problems which she attributed to Norco. There is no further physician documentation submitted after this date discussing the injured worker's status or the reason for the request for authorization of additional Norco. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sedating antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Trazodone.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, the use of anti-depressants for chronic pain is recommended "as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." MTUS does not specifically address the use of Trazodone so alternative guidelines were referenced. As per Official Disability Guidelines (ODG), Trazodone "is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." The documentation submitted shows that the injured worker struggled with insomnia for many years for which

Ambien had been prescribed, in addition to anxiety and depression. The most recent psychiatric note was a qualified medical examiner report dated 02/12/2015 which noted that the injured worker continued to struggle with some early insomnia but that she was sleeping upwards of 6 hours per night with the use of Ambien. There was no discussion in the medical record regarding the recommendation or need for the use of Trazadone for chronic pain or insomnia. Therefore, the documentation doesn't support the medical necessity of the request for Trazadone 50 mg #30.