

Case Number:	CM15-0119236		
Date Assigned:	06/29/2015	Date of Injury:	08/23/2009
Decision Date:	07/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female with an industrial injury dated 08/23/2009. The mechanism of injury is documented as occurring when the side step on an 18-wheeler broke and she held onto the steering wheel with her left arm to avoid falling resulting in injury to the left arm. Her diagnoses included cervical degenerative disk disease, status post shoulder surgery for adhesive capsulitis, thoracic pain and chronic low back pain. Prior treatment included cortisone injection, shoulder surgery and medications. She presents on 06/01/2015 for chronic neck, back and shoulder pain. She states she continues to get her pain to go from a 10/10 down to a 5/10 with Percocet. At the time of the visit she felt like her pain level was 8/10 or 9/10. She had previously been replaced on Trazadone for sleep and reports she gets about 6 hours sleep with the Trazadone. She reports without Trazadone her sleep is much more interrupted. Physical exam noted the injured worker walked slowly with her cane and appeared to be in mild distress at the time of the visit. Treatment plan included medications to include Percocet and Trazadone. The treatment request is for Percocet 10/325 mg # 180 and Trazadone 50 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2009 without acute flare, new injury, or progressive deterioration. The Percocet 10/325mg #180 is not medically necessary and appropriate.

Trazadone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16, Anti-depressants for Treatment of Chronic Persistent Pain; Insomnia Treatment, pages 535-536.

Decision rationale: Trazodone hydrochloride (Desyrel) is an anti-depressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic injury of 2009. There is no report of confirmed sleep disorder or diagnosis. In order to provide a specific treatment method, the requesting physician must provide clear objective documentation for medical indication, functional improvement goals expected or derived specifically relating to the patient's condition as a result of the treatment(s) provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the specific treatment method is effective or medically necessary for this patient. The Trazodone 100mg #60 is not medically necessary and appropriate.