

Case Number:	CM15-0124016		
Date Assigned:	07/15/2015	Date of Injury:	01/17/2013
Decision Date:	08/26/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is an 80-year-old female who sustained an industrial injury on 01/17/2013. She reported a contusion to the lower extremities hip. The injured worker was diagnosed as having: Sprain of neck; Lumbago; Brachial neuritis not otherwise specified; Spondylosis not otherwise specified; Arthropathy not otherwise specified, unspecified. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of moderate to occasionally severe lower back and right lower extremity pain rated from 5-7 on a scale of 0-10. She also has pain radiating up into the right thoracic region and she has limited range of motion with decreased core strength. She has moderate muscle guarding in the low back. Aggravating factions are standing, waling, sit to stand transition, and bending. Stairs and prolonged standing also aggravate the pain. Medication and rest improves her pain. On examination, range of motion is diminished in all planes. Lower extremity strength is diminished and is more diminished on the right. She has moderate muscle guarding in her right lower thoracic and right lower lumbar region. The plan of treatment is to continue a lumbar stabilization rehabilitation program, give medications, and consider injection therapy if needed. A request for authorization was made for the following: 1.Norco 10/325mg #90; 2.Trazodone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg #90 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 ODG, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone.

Decision rationale: Regarding Trazodone, the above cited guidelines say: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia." The treating physician has not provided documentation of history of depression and insomnia as outlined in guidelines. There is not documentation of functional improvement or failure of other pharmacologic therapies as outlined above. As such, the request for Trazodone 50mg #30 is not medically necessary.