

Case Number:	CM15-0129393		
Date Assigned:	07/16/2015	Date of Injury:	07/19/1999
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/03/2015

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: Texas, New York, California

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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 19, 1999. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for morphine, Norco, Desyrel, and Soma. The claims administrator referenced an RFA form received on June 8, 2015 in its determination, along with an associated progress note of June 4, 2015. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of low back pain, currently rated 8/10, aggravated by any kind of activity and walking. The applicant was still smoking, it was reported. The applicant's review of systems was positive for depression and anxiety. The applicant was on Zipsor, Soma, Desyrel, Norco, and MS Contin, it was reported. The applicant was obese, with a BMI of 33, it was reported. Soma at a rate of five times daily, Norco at a rate of 10 times daily, and MS Contin at a rate of four to six tablets daily were renewed and/or continued. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant exhibited a visibly antalgic gait, it was stated. On May 7, 2015, the attending provider again stated that the applicant had constant low back pain complaints, ranging from 6/10 on good days and 10/10 on bad days. Any kind of activity and standing remained problematic, the treating provider reported. The treating provider stated that the applicant's medications were alleviating the applicant's pain complaints but did not elaborate further. Zipsor, Soma, Desyrel, Norco, and MS Contin were prescribed. The applicant was described as 'disabled' in the social history section of the note. It was not clearly stated

whether trazodone was being employed for sedative effect, for chronic pain purposes, or depressive symptoms. The applicant was described as denying any issues with depression or anxiety at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 MS Contin 200mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for MS Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed 'disabled' it was suggested on a progress note of May 7, 2015. The applicant reported pain complaints ranging from 6-10/10 on that date. 8/10 pain complaints were reported on June 4, 2015. While the attending provider stated in various sections of his notes that ongoing medication consumption was beneficial, the attending provider failed to outline meaningful, material, or substantive improvements in function effected as a result of ongoing MS Contin usage. The applicant's subjective reports of analgesia effected as a result of ongoing morphine consumption, moreover, were outweighed by the applicant's failure to return to work, and the attending provider's reports to the effect that any kind of activity, including those as basic as standing, remained problematic. Therefore, the request was not medically necessary.

Norco 10-325mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Opioid Dosing Calculator, Morphine Equivalent Dose (MED) factor Page(s): 86; 87.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider suggested on June 4, 2015 that the applicant was using MS Contin 200 mg at a rate of two to three times daily plus Norco 10/325 at a maximum of 10 times daily. The combination of Norco 10/325 at a rate of 10 tablets daily plus morphine 200 mg at a rate of three times daily resulted in a morphine equivalent dosage of 700 morphine equivalents daily. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that opioid dosing should, in general, not exceed 120 oral morphine equivalents per day. Here, thus, the applicant's continued usage of

Norco and morphine at what was described as 700 morphine equivalents daily, thus, ran counter to MTUS principles and parameters. The attending provider failed to furnish a clear or compelling rationale for such a heightened dosage of opioid consumption as was/is at issue here. Therefore, the request was not medically necessary.

Trazodone HCL 100mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47, Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Functional Restoration Approach to Chronic Pain Management Page(s): 13; 7.

Decision rationale: Similarly, the request for trazodone, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone may be helpful in alleviating symptoms of depression and while page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend antidepressants as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain, both recommendations, however, are qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the June 4, 2015 progress note at issue did not clearly state whether or not ongoing usage of trazodone was or was not effective in whatever role it was being employed. It was not clearly stated whether trazodone was being employed for chronic pain purposes, for antidepressant purposes, or for sedative effect purposes. It was not clearly stated whether or not ongoing usage of trazodone was or was not effective in whatever role it was being employed. The fact that the applicant remained off of work, was apparently receiving disability benefits, remained dependent on opioid agents such as Norco and morphine at a heightened dosage, and the fact that the applicant continued to report issues with depression and anxiety as of June 4, 2015, taken together, however, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of trazodone. Therefore, the request was not medically necessary.

Soma 350mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Here, the 120-tablet, one-refill supply of Soma at issue does represent chronic, long-term, and four times daily usage of the same, i.e., usage which runs counter to the philosophy set forth on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against concomitant usage of Soma and opioid agents. Here, the applicant was, in fact, using multiple opioid agents in conjunction with Soma, including MS Contin and Norco. Therefore, the request was not medically necessary.