

Case Number:	CM15-0179198		
Date Assigned:	09/21/2015	Date of Injury:	01/08/2013
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 74 year old male, who sustained an industrial injury on January 8, 2013. He reported low back pain. The injured worker was currently diagnosed as having lumbosacral spondylosis, lumbar spinal stenosis and long-term use of medications. Treatment to date has included home exercises, medication, lumbar epidural steroid injection without benefit and lumbar radiofrequency ablation procedure without benefit. His buprenorphine medication was noted to provide 30% pain decrease, increasing his tolerance for home exercises. Notes stated that he uses his trazodone medication to help him sleep. On August 7, 2015, the injured worker complained of chronic low back pain with radicular symptoms into his right lower extremity. He denies changes in his pain. On the day of exam, his current medication regimen included Buprenorphine, Gabapentin, Nabumetone-relafen, Pantoprazole-protonix, Trazodone, Glipizide, Hydrochlorothiazide, Ibuprofen, Lisinopril, Metformin Hcl and Naproxen. Notes stated that he wishes to avoid surgery and invasive procedures such as injections. He continues to defer functional resoration program. Continued "conservative management" for treatment of his pain was noted. He was advised to decrease his use of nabumetone to an as-needed basis. His other medications were refilled without change. On August 17, 2015, utilization review denied a request for Buprenorphine 0.2 sublingual troches #30 with one refill and Trazodone 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 0.1 sublingual troches Qty 30 with 1 refill (retrospective DOS 8/7/15):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been Buprenorphine for some time with reported subjective function improvement and significant pain relief. However, there is no objective documentation of functional improvement provided with the available documentation. Urine drug screen has been completed and is not consistent with the use of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Due to the lack of objective functional improvement and inconsistent urine drug screen, the request for Buprenorphine 0.1 sublingual troches Qty 30 with 1 refill (retrospective DOS 8/7/15) is determined to not be medically necessary.

Trazodone 50 mg Qty 90: 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 & Stress - Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. In this case, the medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Trazodone 50 mg Qty 90 is determined to not be medically necessary.

