

Case Number:	CM15-0040194		
Date Assigned:	03/10/2015	Date of Injury:	01/13/2003
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: California
 Certification(s)/Specialty: Family Practice

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 56 year old male who sustained a work related injury January 13, 2003. Past history includes lumbar fusion L5-S1 February, 2004, chronic cervical and lumbar spine pain and chronic plantar fasciitis. According to a pain management progress report dated January 20, 2015, the injured worker presented for follow-up of his neck and back pain. The pain in the neck continues radiating to his bilateral upper back, rated 6-10/10. He continues with mid and lower back pain with occasional radiation into the lower extremities. He has been having abdominal pain and diarrhea and was seen by an internist and diagnosed with gastric ulcer and diverticulitis after endoscopy. The injured worker is now requesting pain medication. Impression is documented as post-laminectomy syndrome; completed rapid detox; complains of increased thoracic pain; and lumbar radiculitis. Treatment plan included seeing a counselor to assist with the stress of chronic pain, refill medications, thoracic epidural denied, follow-up consultation for SCS (spinal cord stimulator) trial; encouraged to develop a pain diary, urine drug screen reviewed and consistent, and follow-up with physician's as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 150mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unipolar depression in adults: Treatment of resistant depression by Michael Thase, MD in UpToDate.com.

Decision rationale: This injured worker's date of injury is 1/13/2003. The patient receives treatment for chronic pain involving the neck, lower back and foot. The medical diagnoses include "failed back", he had lumbar spinal fusion at L5-S1, opioid dependence, and plantar fasciitis. The documentation states the patient takes trazodone to sleep. Trazodone is a tetracyclic anti-depressant which is indicated for the treatment of major depression. The documentation does not establish this diagnosis. There is no PHQ-9, which is well regarded clinical tool that assesses a number of clinical features that supports this clinical diagnosis. The PHQ-9, when used over time, can document any benefits of the treatment. Trazodone is not medically indicated for this patient.

Zofran 4mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approach to the adult with nausea and vomiting by George Longstreth, MD, in UpToDate.com.

Decision rationale: This injured worker's date of injury is 1/13/2003. The patient receives treatment for chronic pain involving the neck, lower back and foot. The medical diagnoses include "failed back", he had lumbar spinal fusion at L5-S1, opioid dependence, and plantar fasciitis. Nausea may be caused by certain medications, such as opioids or NSAIDS. Zofran (ondansetron) is a potent reliever of nausea and vomiting typically indicated for the short-term management of moderate to severe nausea and vomiting associated with chemotherapy, acute gastroenteritis, and some post-operative states. Zofran is not the drug of choice for long-term, chronic use. The documentation does not support it's chronic use, as there is no convincing data that other drugs have been tried and failed. Zofran is not medically indicated.

Oxycodone 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This injured worker's date of injury is 1/13/2003. The patient receives treatment for chronic pain involving the neck, lower back and foot. The medical diagnoses

include "failed back", he had lumbar spinal fusion at L5-S1, opioid dependence, and plantar fasciitis. Oxycodone is a long-acting opioid analgesic and it is not meant to be taken on an "as needed" basis. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation for this patient fails to document a quantitative assessment of return to function. Based on the documentation treatment with oxycodone is not medically indicated.