MAXIMUS Federal Services

Case Number:	CM15-0041855		
Date Assigned:	03/12/2015	Date of Injury:	07/09/2003
Decision Date:	06/02/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, 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 68-year-old female, who sustained an industrial injury on 07/09/2003. She has reported injury to the neck. The diagnoses have included cervical postlaminectomy syndrome; shoulder joint pain; degeneration of lumbar intervertebral disc; and chronic pain syndrome. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Lyrica, Hydrocodone/Acetaminophen, Trazodone, Baclofen, and Omeprazole. A progress note from the treating physician, dated 02/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain associated with numbness; pain rated at 2/10 with medications, and 10/10 without medications; and bilateral shoulder pain associated with weakness and decreased range of motion. Objective findings included tenderness of the left and right paracervicals, the trapezius, and the rhomboid and trapezius trigger point pain. The treatment plan has included the request for Hydrocodone/ Acetaminophen 10mg/325mg quantity 120; Trazadone 50mg quantity 60 with five refills; and Lyrica 75mg quantity 60 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10mg/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no indication of Tylenol. The claimant was on a Tricyclic (Trazadone) but not used for pain but rather sleep. There is no indication of weaning attempt and pain response. Continued use is not medically necessary.

Trazadone 50mg quantity 60 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone Page(s): 14-18.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. In this case, the claimant was using it for sleep when Ambien was not available. It is not indicated for use for sleep and certainly not long-term for insomnia. Its intervention for pain management was not described. Continued use of Trazadone is not medically necessary.

Lyrica 75mg quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.