

Case Number:	CM15-0042704		
Date Assigned:	03/13/2015	Date of Injury:	04/28/2006
Decision Date:	05/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 55 year old male, who sustained an industrial injury on 4/28/2006. Diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, low back pain, lumbar facet syndrome and sacroiliac pain. Treatment to date has included diagnostics, surgical intervention (lumbar fusion L5-S1 dated 7/10/2007 and 10/25/2007 and 4/22/2014), participation in a functional restoration program, medications, physical therapy, home exercise program, TENS unit and acupuncture. Per the Primary Treating Physician's Progress Report dated 12/15/2014, the injured worker reported back pain with radiation down both legs. Pain is rated as 5/10 with medications and 8/10 without medications. Objective findings included loss of normal lordosis of the lumbar spine with straightening and restricted range of motion. There was tenderness to the spinous process and L4 and L5 and sacroiliac spine surgical scars. Lumbar facet loading was positive on the right side. The plan of care included medications and authorization was requested for Flector 1.3% patches, Norco 10/325mg and Trazodone 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Flector 1.3% patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 and 112 of 127.

Decision rationale: Use of a topical NSAID would not be indicated in this case based on the MTUS guidelines. There is no evidence to support its use in neuropathic pain syndromes. Topical anti-inflammatory therapy is indicated for short-term use for the first 2 weeks of treatment in patients with osteoarthritis, with diminishing effect seen after that period of time. In this patient with lumbar radiculopathy, there are no listed guidelines to support use of topical anti-inflammatory medication. This requested treatment is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14 of 127.

Decision rationale: There is no indication for the use of trazodone for chronic neuropathic pain. This medication is indicated for major depressive disorder. There are no specific antidepressant medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy (Dworkin, 2007). Tricyclic antidepressant medication (a different antidepressant medication class than trazodone) has been used for non-neuropathic chronic back pain with demonstrated small to moderate effect in the short term. There was no noted improvement of function. As such, this medication would not be indicated for the reported condition.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80 of 127.

Decision rationale: Satisfactory response to the use of opioid medication for chronic pain includes not only pain relief, but improvement in functional status which is not documented in this case. Ongoing monitoring of chronic pain patients on opioids would also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. Opioids for chronic back pain appear to be efficacious for short-term pain relief. Failure to respond to a time-limited course of opioids of less than 16 weeks has led to the suggestion of consideration of alternative therapy, knowing the significant substance abuse potential. Opioid tolerant patients should not be abruptly discontinued from the medication, but titrated down slowly.