

Case Number:	CM15-0063512		
Date Assigned:	04/09/2015	Date of Injury:	05/31/2013
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 51 year old male, who sustained an industrial injury on 5/31/2013. The mechanism of injury is unclear, but involved pulling a cow out of entanglement. The injured worker was diagnosed as having lumbago, low back pain, facet arthropathy and joint dysfunction. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/3/2015, the injured worker complains of low back pain with right leg pain. He is currently working. The treating physician is requesting Trazadone and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #60: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesMental and Stress - Trazadone.

Decision rationale: MTUS Guidelines do not address this medication. ODG Guidelines address this in detail and recommend other hypnotic medications unless there is coexisting depression. It is clearly documented that there is no depression and that Gralise was a superior in assisting with his sleep. Under these circumstances, the Trazadone 50mg. #60 is not supported by Guidelines and is not medically necessary.

Tylenol #3 #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, functional support (best evidenced by return to work) and the lack of drug related aberrant behaviors. This individual meets these criteria. It is clearly documented that with the limited use of opioids he obtains pain relief, has returned to work and there are no worrisome drug related behaviors. Under these circumstances, the Tylenol #3 #90 is supported by Guidelines and is medically necessary.