

<b>Case Number:</b>	CM15-0063747		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	01/20/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male who sustained an industrial injury on 01/20/2013. The mechanism of injury is not detailed. Diagnoses include bilateral cervical radiculopathy, thoracic strain, lumbosacral degenerative disc disease, visual changes, cervical degenerative disc disease, central canal stenosis, and mild left neural foraminal stenosis, cervicogenic headaches vs. neoplasm, and closed head injury. Treatment has included oral medications. Physician note dated 09/30/2014 shows complaints of continued neck pain rated 9/10 and continues down the bilateral arms to the wrists. The current medication regimen included Imitrex, Norco, Zanaflex, Flector 1.3% patches, and omeprazole. Upon examination, there was tenderness over the paracervical muscles, base of the neck, base of the skull, and left intrascapular space. There was decreased sensation in the C5-6 dermatomes and to a lesser degree in the C7-8 dermatomes. There was motor weakness rated 4/5 in the bilateral upper extremities. Treatment recommendations at that time included a request for a copy of the MRI scan of the cervical spine and a follow-up visit in 4 to 6 weeks. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was unclear how long the injured worker had utilized the above medication. There was no evidence of objective functional improvement. There was no documentation of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports documenting patient compliance and non-aberrant behavior were not provided. There was also no frequency listed in the request. Given the above, this request is not medically necessary at this time.

**Trazadone 25 mg, thirty count:** 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone.

**Decision rationale:** The Official Disability Guidelines recommend trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the injured worker does not maintain a diagnosis of insomnia. There was no evidence of psychiatric symptoms such as depression or anxiety. The medical necessity for the requested medication has not been established. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There

is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

**Follow-up evaluation with an orthopedic specialist for the neck and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, there was no documentation of a significant functional deficit. There was no comprehensive physical examination of the lumbar spine provided. The medical necessity for a follow-up visit with an orthopedic specialist has not been established in this case. Therefore, the request is not medically necessary.