

Case Number:	CM15-0071936		
Date Assigned:	04/22/2015	Date of Injury:	06/05/2013
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

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 52 year old male who sustained a work related injury June 5, 2013. While changing a bulb on a ladder, he fell backwards with loss of consciousness for several minutes. He subsequently had occipital pain daily, trouble with sleeping, memory, sensitivity to noise and light, and forgetfulness. According to a primary treating physician's progress report, dated March 4, 2015, the injured worker presented with complaints of bilateral low back pain, left worse than right. He is maintaining a 70% improvement since receiving bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). Past medical history includes hypertension. Current medications include medical cannabis, Trazodone, Fioricet, Meclizine, and Naprosyn. On examination there is tenderness on palpation of the lumbar paraspinal muscles overlying bilateral L3-L4, L4-L5, L5-S1 facet joints, the cervical paraspinal muscles, and the left thumb. Bilateral lower extremity, lumbar, and cervical ranges of motion were restricted by pain in all directions. Impression/Differential diagnoses included lumbar facet joint arthropathy; lumbar disc protrusion; lumbar stenosis; lumbar sprain/strain; post-concussive headache and dizziness. Treatment plan included activity modification and request for authorization of medications including Meclizine and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg Qty 30 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: Mental Illness & Stress chapter, Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The requested Trazodone 50 mg Qty 30 with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, recommend anti-depressant medications for chronic pain, neuropathic pain and pain-induced depression. The injured worker has occipital pain daily, trouble with sleeping, memory, sensitivity to noise and light, and forgetfulness. According to a primary treating physician's progress report, dated March 4, 2015, the injured worker presented with complaints of bilateral low back pain, left worse than right. He is maintaining a 70% improvement since receiving bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). The treating physician has documented tenderness on palpation of the lumbar paraspinal muscles overlying bilateral L3-L4, L4-L5, L5-S1 facet joints, the cervical paraspinal muscles, and the left thumb. Bilateral lower extremity, lumbar, and cervical ranges of motion were restricted by pain in all directions. The treating physician has not documented the medical indication for this medication nor objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Trazodone 50 mg Qty 30 with 3 refills is not medically necessary.

Meclizine 25 mg Qty 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (<http://www.drugs.com/meclizine.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682548.html>: Meclizine.

Decision rationale: The requested Meclizine 25 mg Qty 60 with 3 refills, is not medically necessary. CA MTUS and ODG are silent. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682548.html> recommends this medication for the treatment of vertigo. The injured worker has occipital pain daily, trouble with sleeping, memory, sensitivity to noise and light, and forgetfulness. According to a primary treating physician's progress report, dated March 4, 2015, the injured worker presented with complaints of bilateral low back pain, left worse than right. He is maintaining a 70% improvement since receiving bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). The treating physician has documented tenderness on palpation of the lumbar paraspinal muscles overlying bilateral L3-L4, L4-L5, L5-S1 facet joints, the cervical paraspinal muscles, and the left thumb. Bilateral lower extremity, lumbar, and cervical ranges of motion were restricted by pain in all directions. The treating physician has not documented current vertigo or functional improvement from its use. The criteria noted above not having been met, Meclizine 25 mg Qty 60 with 3 refills is not medically necessary.