

Case Number:	CM15-0075793		
Date Assigned:	04/27/2015	Date of Injury:	08/14/2013
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Illinois

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 55 year old male with an industrial injury dated 08/14/2013. His diagnosis is displaced lumbar intervertebral disc and sciatica. Prior treatment included medications. He presented on 03/19/2015 with complaints of lumbar spine pain. Physical exam revealed a forward stooped posture. Neck exam showed tenderness in the paracervical muscles. There was tenderness in the lumbosacral area. Treatment plan included a referral to pain management, pain medications and a medication for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 08/14/2013. The medical records provided indicate the diagnosis of displaced lumbar intervertebral disc and sciatica. Prior treatment included medications. The medical records provided for review do not indicate a medical necessity for Norco 5/325 mg, sixty count. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records reviewed indicate the injured worker's use of this medication predates 10/2014, but there has been no overall improvement in pain and function. Therefore is not medically necessary.

Trazadone 100 mg, thirty count: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Trazodone (Desyrel).

Decision rationale: The injured worker sustained a work related injury on 08/14/2013. The medical records provided indicate the diagnosis of displaced lumbar intervertebral disc and sciatica. Prior treatment included medications. The medical records provided for review do not indicate a medical necessity for Trazadone 100 mg, thirty count. The Official Disability Guidelines recommends it only for the treatment of Insomnia in an individual with coexisting psychiatric problems like depression and anxiety. The MTUS is silent on it. The Injured worker's diagnosis does not include insomnia with coexisting depression. Therefore is not medically necessary.