

Case Number:	CM15-0092683		
Date Assigned:	05/19/2015	Date of Injury:	07/26/2013
Decision Date:	06/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/13/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49 year old male, who sustained an industrial injury on July 26, 2013, incurring injuries to his back and neck, after falling off a ladder 8-10 feet. Computed Tomography of the neck revealed a non-displaced fracture of a cervical disc and a compression fracture of a thoracic disc. Computed Tomography of the chest showed rib fractures. He was diagnosed with cervical and thoracic compression fractures. He underwent a cervical fusion in August, 2013. Treatment included spinal bracing, home exercise program, pain medications, muscle relaxants, and anti-inflammatory drugs. Currently, the injured worker complained of persistent neck and shoulder pain with limited range of motion, radiating into the skull causing occipital neuralgia. The treatment plan that was requested for authorization included prescriptions for Norco, Trazadone Hydrochloride and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg - oral tablet 1-2 tabs by mouth every 8 hours as needed for pain, Qty 180 (no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Trazodone Hydrochloride 50 mg, 1-2 tabs by mouth every night as needed, Qty unknown:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Trazodone, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Trazodone treatment. In the absence of such documentation, the currently requested Trazodone is not medically necessary.

Celebrex 200 mg oral capsule, 1-2 caps by mouth every day as needed, Qty unknown:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.