

Case Number:	CM15-0093264		
Date Assigned:	05/19/2015	Date of Injury:	05/22/2013
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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, New York, 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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 22, 2013. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for methadone and trazodone (Desyrel). The claims administrator referenced an April 16, 2015 RFA form and an associated progress note of April 1, 2015 in its determination. The applicant's attorney subsequently appealed. Electro diagnostic testing of bilateral lower extremities of April 20, 2015 was interpreted as negative. In an April 1, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the buttocks. The applicant stated that activities of daily living as basic as sitting, standing, bending, lifting, and twisting remained problematic. The applicant's medication list included methadone and Levoxyl, it was stated in one section of the note. The attending provider stated that the applicant's ability to perform activities of daily living such as self-care and dressing himself have been ameliorated as a result of ongoing medication consumption. The attending provider also stated that the applicant's pain scores were reduced by 50% with medication consumption. The applicant was placed off work, on total temporary disability. Both methadone and trazodone were refilled. The attending provider seemingly suggested that trazodone was ameliorating the applicant's issues with sleep and depression. The applicant's ability to sleep had been improved from three to four hours a night without trazodone to six to seven hours a night with trazodone, it was suggested. The attending provider also suggested that the applicant's depressive symptoms were somewhat improved with trazodone but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rx Methadone 5mg #60 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, on total temporary disability, it was acknowledged on April 1, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing methadone usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care, personal hygiene, and/or dress himself with medications did not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. Therefore, the request was not medically necessary.

Rx Trazodone 50mg #60 with 0 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress Trazodone (Desyrel).

Decision rationale: Conversely, the request for trazodone (Desyrel), an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful to ameliorate symptoms of depression. Here, the attending provider's April 1, 2015 progress note did seemingly suggest that the applicant's depressive symptoms, including insomnia, had been attenuated to some degree following introduction of trazodone (Desyrel). ODG's Mental Illness and Stress Chapter Trazodone topic also suggests employing trazodone as an option for applicants with comorbid insomnia and depression. Continued usage of trazodone was, thus, indicated, given the applicant's reportedly favorable response to the same. Therefore, the request was medically necessary.