

Case Number:	CM15-0095189		
Date Assigned:	05/21/2015	Date of Injury:	01/04/2010
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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 46-year-old who has filed a claim for chronic pain syndrome, myofascial pain, low back pain, and insomnia reportedly associated with an industrial injury of June 4, 2010. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for trazodone and Norco. A RFA form received on May 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On April 29, 2015, a medical-legal evaluator opined that the applicant was malingering. The medical-legal evaluator opined that there was no need for further treatment such as a gurney, home health attendant, and/or emergency medical technician (EMT). In a progress note dated April 21, 2015, the applicant reported issues with chronic pain syndrome, chronic pain, chronic low back pain, and alleged pseudoseizures. The applicant had issues with insomnia, stress, anxiety, and depression, it was reported. The note did not follow standard SOAP and was quite difficult to follow. The applicant was reportedly on Norco, Motrin, Lamictal, and Desyrel, it was reported. The attending provider seemingly suggested that Desyrel (trazodone) was being endorsed for issues with depression, sleep, insomnia, and/or chronic pain. The attending provider stated that the applicant's pain complaints were interfering with her physical activity. The applicant was placed off of work and had been deemed permanently disabled, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: No, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone may be helpful to alleviate symptoms of depression, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, however, the applicant was off of work, it was acknowledged on April 21, 2015. A medical-legal evaluator opined on April 29, 2015 that the applicant was malingering and engaging in secondary gain-type behaviors. The progress note of April 21, 2015 also suggested that the applicant's issues with depression, anxiety, and insomnia had not been alleviated or attenuated with ongoing trazodone usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of trazodone. Therefore, the request was not medically necessary.

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

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

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise 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 as a result of the same. Here, however, the applicant was off of work, receiving permanent disability benefits, as reported on April 21, 2015. The applicant was off of work and receiving permanent disability benefits, it was acknowledged on a progress note of April 21, 2015. On that date, the treating provider also reported that the applicant's ability to function on a day-to-day basis had been altered for the worse as a result of ongoing pain complaints. The applicant was apparently having difficulty performing activities of daily living as basic as doing laundry, washing dishes, and/or cooking meals, despite ongoing medication consumption, it was reported on that date. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

