

Case Number:	CM14-0142900		
Date Assigned:	09/10/2014	Date of Injury:	11/03/2008
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old male who was injured on 11/03/2008. The mechanism of injury is unknown. Prior medication history included Norco, Fentanyl patches, trazodone, Gabapentin, cyclobenzaprine, Losartan, and Loratadine. The patient's medications as of 05/19/2014 included trazodone 50 mg, hydrocodone-acetaminophen 10/325, metformin, Gabapentin, hydromorphone (Exalgo) (No VAS provided). Prior treatment history has included facet injection which gave him temporary relief of pain. Diagnostic studies reviewed include EMG/NCV of bilateral lower extremities revealed evidence of mild peripheral neuropathy likely related to diabetes. There is evidence of muscle denervation in bilateral S1 innervation muscles also consistent with peripheral neuropathy; however, the left paraspinal denervation is consistent with S1 radiculopathy on the left. He also had a MRI of the lumbar spine dated 08/15/2011 which revealed degenerative changes at L3-S1. Progress report dated 08/07/2014 documented the patient to have complaints of continued pain. He stated he is having difficulty sleeping despite using trazodone, Gabapentin and Flexeril but reported Exalgo helped him sleep. On exam, straight leg raise is positive bilaterally with spasm noted lumbar spine. The patient is diagnosed with lumbar postlaminectomy syndrome and lumbar disc displacement without myelopathy. The patient was recommended and prescribed trazodone 50 mg and Morphine sulfate ER. Prior utilization review dated 08/18/2014 by [REDACTED] states the requests for Trazodone; and Morphine Sulfate ER are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia; Insomnia Treatment

Decision rationale: Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The guidelines recommend use of this medication only for short term periods. Prolonged use is not recommended or supported by the guidelines. It is also relevant that the medical records indicate that trazodone is not effective for sleep. Based on the MTUS and ODG guidelines and the reasons above, the medical necessity of this medication has not been established.

Morphine Sulfate ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of this request has not been established.