

Case Number:	CM13-0028879		
Date Assigned:	03/19/2014	Date of Injury:	03/27/2002
Decision Date:	04/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Family Practice, has a subspecialty in Preventative Medicine 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:

This case involves a 62-year-old female claimant, who sustained an injury on March 27, 2002, resulting in a left shoulder injury. She had a diagnosis of a left shoulder impingement syndrome, bursitis and a rotator cuff tear along with a slap lesion. She had a right rotator cuff surgery repair in 2012. She also suffered from chronic pain and depression. For an extended period of time she had difficulty with sleeping for which she had taken Trazodone since 2011. Since at least January 2013, she has been prescribed Percocet for pain. An exam report on February 6, 2013 indicated she had 6/10 pain. Chiropractic therapy has been helpful. She had been taking Norco and Lyrica, which decreased her pain and improve her function. No recent progress reports have been found regarding current use of Trazodone and opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PERCOCET 7.5/325MG, #60 BETWEEN 7/2/13 AND 11/15/13:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC TRIAL OF OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. The Chronic Pain Guidelines indicate that opioids are not shown to be a 1st line therapy for neuropathic pain, and chronic back pain. The Guidelines also indicate that opioids are not for mechanical or compressive etiologies. Opioids are recommended for a trial basis for short-term use. Long term use has not been supported by any trials. In this case, the claimant has been on Percocet for over seven (7) months, with no documented improvement in pain scale, opioid contract, or response to alternatives. The continued use of Percocet is not medically necessary.

PRESCRIPTION TRAZODONE 100MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Medications

Decision rationale: The Official Disability Guidelines indicate that treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a seven to ten (7 to 10) day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed, such as: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. Trazodone has been used for sleep for several years without adequate recent documentation regarding the claimant's sleep pathology and etiology. The Guidelines indicate that the continued use of Trazodone can result in tolerance. In this case, the claimant had used Trazodone for sleep without further evaluation by a specialist or multidisciplinary team to determine sleep pathology. Trazodone is not medically necessary.