

<b>Case Number:</b>	CM13-0040357		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/28/2003
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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 injured worker is a 51 year old man who sustained an injury to his low back while at work on 10/28/03. He has persistent low back pain radiating to his legs with evidence on EMG diagnostic testing of chronic left L5 lumbar radiculopathy. He has been treated with multiple modalities including aqua therapy, TENS unit, back brace and various medications. Per MD visit of 10/3/12, his coverage is 'for the low back'. Review of systems states that he has issues with sleep, stress and depression at times. On physical exam, he had tenderness along the lumbar area as well as facet inflammation from L3 - S1. He walked with an antalgic gait. His diagnoses included discogenic lumbar with radiculopathy and depression, sleep disorder and sexual dysfunction. At issue in this review are prescriptions for Trazadone, Effexor and compound medication - LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAZADONE 50 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26, page(s) 13-14 Page(s): 13-14.

**Decision rationale:** Trazadone is an anti-depressant and is a serotonin antagonist and reuptake inhibitor. Anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched per the MTUS. In this case, it is not clear from the records if it is being prescribed for depression, difficulty sleeping or pain. There is no documentation of a discussion of side effects or efficacy. The records do not support medical necessity for Trazadone.

**EFFEXOR SR 75 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26, page(s) 16. 123 Page(s): 16. 123.

**Decision rationale:** Effexor or venlafaxine is a selective serotonin and norepinephrine reuptake inhibitor. It is FDA- approved for anxiety, depression, panic disorder and social phobias and is used off-label for fibromyalgia, neuropathic pain and diabetic neuropathy. In this case, it is not clear from the records if it is being prescribed for depression or pain. There is no documentation of a discussion of efficacy or side effects (which can include sexual dysfunction which he is diagnosed with). The records do not support medical necessity for Effexor.

**COMPOUNDED MED LIDOPRO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26, page(s) 111-112 Page(s): 111-112.

**Decision rationale:** Lidopro is an over the counter medication /ointment containing capsaicin, lidocaine, menthol, and methyl salicylate. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.