

Case Number:	CM13-0056470		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2005
Decision Date:	05/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of October 6, 2005. A utilization review determination dated October 25, 2013 recommends a no certification of Trazodone, Norco, Promethazine, Celebrex, and Clonidine. A progress report dated October 17, 2013 identify subjective complaints including right shoulder pain which is worse with movement better with medication, right rib pain worse with movement better with medication, and low back pain worse with activity, better with medication. Objective examination findings identify blood pressure 154-106, negative straight leg raise, sensation intact, manual muscle testing 5/5, pain with palpation to the right rib and lumbar spine, and right shoulder is unable to move secondary to pain. Diagnoses include posttraumatic headache, adhesive capsulitis, and lumbar strain. The treatment plan recommends Trazodone 50-100 mg at night number 100, Thermacare Patches, lisinopril/hydrochlorothiazide, Cymbalta, Norco, his function improved with Norco to the point he is able to continue working part-time, Dexilant, Promethazine 25 mg per day for dizziness, Celebrex for analgesia in light of his chronic gastritis, Clonidine 0.2 mg b.i.d. #60 for hypertension not pain, and nitroglycerin. Authorization is requested for cardiology consult for uncontrolled hypertension exacerbated by severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAZODONE 50 MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN, SLEEP MEDICATION, INSOMNIA TREATMENT

Decision rationale: Regarding the request for Trazodone, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Trazodone treatment. In the absence of such documentation, the currently requested Trazodone is not medically necessary.

NORCO 7.5/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

PROMETHAZINE 25 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, ANTIEMETICS

Decision rationale: Regarding the request for Promethazine, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to state that Promethazine is approved as a sedative and antiemetic for preoperative use. Within the documentation available for review, there is no indication that Promethazine is being used to treat preoperative nausea. Progress reports indicate the Promethazine is being prescribed for dizziness. However, there are no recent subjective complaints of dizziness and no statement indicating how the Promethazine is improving the patient's dizziness complaints. Furthermore, there is no documentation indicating that the patient's dizziness has been evaluated or that the patient has provided informed consent for the long-term use of Promethazine which has the potential to cause irreversible side effects such as tar dive dyskinesia. In the absence of clarity regarding those issues, the currently requested Promethazine is not medically necessary.

CELEBREX 200MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events and no documented cardiovascular risk stratification. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

CLONIDINE 0.2MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34.

Decision rationale: Regarding the request for Clonidine, Chronic Pain Medical Treatment Guidelines state that Clonidine is a direct acting adrenergic agonist prescribed historically as an

antihypertensive agent, but it has found new uses including treatment of some types of neuropathic pain. Guidelines state that thiazide diuretics, beta blockers, Ace inhibitors, long-acting calcium channel blockers, and ARB's are recommended first-line therapy. Guidelines state that alpha blockers are not recommended as first-line agents for uncomplicated hypertension. Within the documentation available for review, the requesting physician has indicated that Clonidine is being prescribed for the treatment of hypertension. There is no documentation that a hypertensive workup has been performed with evaluation for end organ damage. Additionally, there is no documentation that the patient has failed first-line agents for the treatment of hypertension, prior to initiating Clonidine, which guidelines recommend as a 2nd line treatment option. Additionally, there is no documentation indicating how the Clonidine has impacted the patient's hypertensive issues, or discussing side effects from its use. The patient has complaints of dizziness which could potentially be attributable to the hypertension itself, or the use of antihypertensive medications. Finally, it appears that a cardiovascular consultation is being requested. This seems to be the best course of action for the patient at the current time. Abrupt cessation of Clonidine is not recommended. However, there is no provision to modify the current request. In light of the above issues, the currently requested Clonidine is not medically necessary.