

<b>Case Number:</b>	CM13-0061405		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/08/2008
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 patient is a 53 year old female who had an injury report date of 11/08/2008. The mechanism of injury was not noted in the medical records provided. The patient has a history of cervical pain that on physical exam dated 11/14/2013 is noted to have tenderness and spasm to the paravertebral muscles bilaterally. Flexion is noted to be limited to 88 degrees, the physical exam the patient reveals a loss of normal cervical lordosis and healed surgical scar. Right shoulder joint revealed swelling, movements was noted to be restricted with flexion limited to 115 degrees, abduction limited to 113 degrees, and external rotation limited to 90 degrees, all limited by pain. Hawkins test is positive, speeds is negative. Tenderness on palpation was noted in the acromioclavicular joint, bicep's move, and coracoid process. Motor testing was limited by pain. Shoulder rotation was 4/5 on the right. Reflexes noted to be bicep 2/4, brachioradial 2/4 bilaterally, with triceps reflex 2/4 on the right side and on the left side. The patient reported that with her Oxycodone that her pain level was 6/10 but without it was 10/10, that while taking the pan medication that she got enough relief that she could do exercise, cleaning and daily task. The patient is noted to submit to random drug test, and has a signed narcotics agreement on file with the physician. The patient is noted to have no aberrant behavior on the clinical note dated 11/14/2013. The surgical history is noted as previous cervical fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 mg, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74, 78.

**Decision rationale:** The employee has ongoing chronic pain that has documentation for tried and failed medications, a history of cervical surgeries. The employee is noted to have a signed narcotic agreement and takes random drug test. The documentation from 11/14/2013 notes that the employee is able to continue with activities, exercise, and daily tasks. The MTUS guidelines indicate there are "4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors)." The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Therefore, the request is certified.

**Trazodone 50 mg, #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Mental Illness & Stress, Trazodone

**Decision rationale:** The employee has ongoing chronic pain that has documentation for tried and failed medications, a history of cervical surgeries. The employee is noted to have a signed narcotic agreement and takes random drug test. The documentation from 11/14/2013 notes that the employee is able to continue with activities, exercise, and daily tasks. The Official Disability Guidelines indicate that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The employee states on the clinical note dated 11/14/2013 that with the medication, is able to initiate sleep easier than without it and can sleep up to 4 hours uninterrupted. However the records provided for review fail to include documentation of a diagnosis of depression or anxiety to support the use of Trazodone. Therefore, the request is non-certified.

**Topamax 200 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** The employee has ongoing chronic pain that has documentation for tried and failed medications, a history of cervical surgeries. The employee is noted to have a signed narcotic agreement and takes random drug test. The documentation from 11/14/2013 notes that employee is able to continue with activities, exercise, and daily tasks. The MTUS guidelines indicate that AED's are recommended for neuropathic pain, but there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The employee states on the clinical note dated 11/14/2013 that with the medication, is able to do daily tasks, exercises, and activities. Therefore, the request is non-certified.