

Case Number:	CM14-0105084		
Date Assigned:	07/30/2014	Date of Injury:	11/03/2008
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 Texas and Ohio. 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 injured worker is a 61-year-old male with a reported injury on 11/03/2008. The mechanism of injury was that the injured worker was rear ended while in his vehicle during the course of his usual and customary work. The diagnoses included postlaminectomy syndrome, long term use of medications, and lumbar disc displacement without myelopathy. The injured worker had a course of multiple steroidal injections, physical therapy and oral medications. The efficacy of those treatments was not provided. The injured worker had an examination on 06/12/2014 with continued complaints of severe back pain and leg pain. He reported that he had difficulty standing and walking and used a cane. He has had a previous lumbar pain and continued to have severe pain. It was reported that the injured worker was taking 8 Norco per day; however, the physician did not feel that taking 8 Norco was sustainable and indicated the injured worker would not be provided with that amount of short acting narcotic. It was reported that he had tried Fentanyl Patches and he could not tolerate the side effects. The injured worker has also tried Buprenorphine Sublingual and found it was not effective at all. His medications included Trazodone, Norco, Cyclobenzaprine, Gabapentin, Amlodipine, Atenolol, Glipizide, Losartan, Metformin, Pravastatin and Ranitidine. The recommended plan of treatment was to have a trial of Methadone and discontinue Exalgo. The Request for Authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workman's Compensation (TWC): Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The California MTUS Guidelines recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The guidelines recommend weighing the risks and the benefits before prescribing Methadone. The California MTUS Guidelines recommend avoiding prescribing 40mg Methadone for chronic nonmalignant pain. The guidelines state that "this product is only FDA approved for detoxification in maintenance of narcotic addiction." The guidelines also recommend closely monitoring patients who receive Methadone, especially during treatment initiation and dose adjustment. Per the provided documentation the injured worker was taking 8 Norco per day; however, the physician did not feel that taking 8 Norco was sustainable and indicated the injured worker would not be provided with that amount of short acting narcotic. The injured worker has previously tried Fentanyl Patches, which he was unable to tolerate due to side effects, and Buprenorphine Sublingual which was not effective at all. The requesting physician did not indicate whether Norco was ineffective. Additionally, the request does not indicate the dosage and frequency at which the medication is prescribed as well as the quantity being requested in order to determine the necessity of the medication. Therefore, the request for methadone is not medically necessary.

Trazadone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment in Workman's Compensation (TWC): Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. The guidelines note it has been suggested that the main role of selective serotonin reuptake inhibitors (SSRIs) may be in addressing psychological symptoms associated with chronic pain. The Official Disability Guidelines further state "Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." The guidelines note there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating the injured worker has significant insomnia. There is a lack of

documentation indicating the injured worker has experienced a reduction in the time to sleep onset, an improvement in sleep maintenance, reduced residual effects and an increase in next-day functioning. The injured worker has been taking this medication since at least 01/09/2014. The continued use of this medication would exceed the guideline recommendations. Additionally, the request does not indicate the dosage and frequency at which the medication is prescribed as well as the quantity being requested in order to determine the necessity of the medication. Therefore, the request for the Trazodone is not medically necessary.