

<b>Case Number:</b>	CM14-0105426		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/10/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Emergency 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:

Injured worker has a reported injury date of 01/10/2001. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of cervical sprain, post cervical spine surgeries, idiopathic peripheral autonomic neuropathy and unspecified disorder of autonomic nervous system. Patient has a history of cervical laminectomy April 2001, bone grafting of C5/6 (2002), cervical fusion (2006) and removal of cervical hardware (2007). Patient complains of neck pains radiating to upper extremities, associated with numbness and tingling. Pain is 6/10 and improves to 4-6/10 with medications. Patient denies side effects. Objective exam reveals decreased cervical range of motion (ROM), tenderness to trapezius and muscle spasms bilaterally. Note from 01/28/2014 visits indicates complaints of headaches, neck pains with spasms radiating to left upper extremity, associated with movement or lifting. The objective exam continues to be very brief and only noted decrease range of motion. The last thorough physical exam was documented on 03/15/2013. It documents similar decreased ROM of neck, decreased 4/5 strength on left shoulder and elbow extensors and decreased sensation to left C8-T1 distribution. Tenderness noted to left cervical paraspinal muscles. Urine drug screen on 05/28/2014 was appropriate except for noted additional benzodiazepine use. Patient has a noted pain management contract. Patient has undergone physical therapy, chiropractic and pool therapy. No recent imaging study reports or electrodiagnostic reports were provided for review. Many of the reports provided were before 2011. Complete medication list was not provided. Independent medical review is for Colace 100mg #120, Norco 10/325mg #120, Trazodone 50mg #30 and Celexa 40mg #30. Prior utilization review on 06/19/2014 modified Norco to #90, Trazodone #20 and Celexa #20; denied Colace and approved Lamictal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg quantity #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment, Disability Duration Guidelines, Pain.

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

**Decision rationale:** Colace is a medication used for constipation. As per MTUS guidelines, patients on chronic opioid use should be placed on constipation prophylaxis. Colace is medically necessary.

**Norco 10/325mg quantity #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Patient has chronic pains and takes up to four (4) tablets of Norco per day. Pain improves from 6/10 to 4/10. It is noted that patient has signed a pain contract. It is noted that patient has constipation as a side effects from pain medications and is on Colace for it. Patient has no signs of abuse. Norco is acetaminophen and hydrocodone; an opioid. As per MTUS guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does meet the appropriate documentation or analgesia criteria. The number of tablets prescribed is also appropriate as is a 30 day supply if patient takes four (4) tablets a day as documented. It does exceed the maximum Morphine equivalent dose of 120mg per day. It meets monitoring requirements as per MTUS guidelines. Norco is medically necessary.

**Trazadone 50mg quantity #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant, SSRIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment, Disability Duration Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** Trazodone is a type of anti-depressant medication that is also often used for sleep. As per MTUS guidelines, anti-depressants may be considered for neuropathic pain. However, evidence does not support its use in back pain except for tricyclic antidepressants.

There is also little evidence to support its use for radicular pain. It is a 3rd line medication. There is no documentation of prior attempts at other anti-depressants. Since evidence does not support its use in cervical back/radicular pain, the request for Trazodone is not medically necessary.

**Celexa 40mg quantity #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 (ODG), Integrated Treatment, Disability Duration Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** Celexa is a type of SSRI anti-depressant medication. As per MTUS guidelines, anti-depressants may be considered for neuropathic pain. However, evidence does not support its use in back pain except for tricyclic antidepressants. There is also little evidence to support its use for radicular pain. SSRIs are a 3rd line medication. There is no documentation of prior attempts at other anti-depressants. Since evidence does not support its use in cervical back/radicular pain, the request for Celexa is not medically necessary.