

<b>Case Number:</b>	CM14-0016182		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/28/2000
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 55-year-old who reported an injury on August 28, 2000. The mechanism of injury was not stated. Current diagnoses include lumbar interbody fusion, degenerative disc disease in the lumbar spine, low back pain, chronic pain, acquired spondylolisthesis, failed back surgery syndrome, and radiculopathy. The injured worker was evaluated on November 1, 2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. Current medications include Klonopin 0.5 mg, trazodone 50 mg, and Lyrica 75 mg. Physical examination revealed no motor weakness, intact coordination, and a slightly antalgic gait. Treatment recommendations at that time included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE KLONOPIN 0.5MG #60 1/2/14 - 3/31/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a

risk of dependence. Most guidelines limit the use to four weeks. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication had not been established. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. The request for klonopin 0.5mg, sixty count, is not medically necessary or appropriate.

**PROSPECTIVE LYRICA 75MG #150 WITH 4 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Anti-epilepsy drugs are recommended for neuropathic pain. As per the documentation submitted, the injured worker has utilized Lyrica 75 mg since March of 2013. Despite ongoing use of this medication, there is no documentation of objective functional improvement. There is also no frequency listed in the current request. The request for lyrica 75mg, 150 count with four refills, is not medically necessary or appropriate.

**PROSPECTIVE TRAZADONE HCL 50MG #60 WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Mental Illness And Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Trazodone (Desyrel).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that antidepressants are recommended as a first-line option for neuropathic pain and as a possibly for non-neuropathic pain. The Official Disability Guidelines state Trazodone is recommended as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. According to the documentation submitted, the injured worker has utilized Trazodone 50 mg since November of 2012. There is no documentation of functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. The request for trazadone hcl 50mg, sixty count with four refills, is not medically necessary or appropriate.