

<b>Case Number:</b>	CM14-0016939		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/20/2014
<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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of September 5, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier shoulder surgery; shoulder corticosteroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 19, 2014, the claims administrator partially certified Norco and oxycodone, reportedly for weaning purposes. Trazodone was denied outright, based on non-MTUS ODG Guidelines. A July 1, 2013 progress note was notable for comments that the applicant had persistent complaints of neck, bilateral shoulders, right elbow, and bilateral wrist pain. The applicant was using Fioricet for migraine headaches, it was acknowledged. The applicant was still smoking, it was further noted. The applicant was not working and was receiving both workers compensation benefits as well as Social Security Disability Insurance (SSDI) benefits, it was acknowledged. Norco, Remeron, and Fioricet were all endorsed. The attending provider apparently declined to endorse the applicant's pursuit of a handicap placard. On September 9, 2013, it was reiterated that the applicant was using a variety of medications, including Fioricet, Neurontin, Lyrica, and Topamax, all with little relief. Norco, Remeron, and Fioricet were endorsed. The applicant was not working and receiving Social Security disability benefits, it was reiterated. In an October 11, 2013 progress note, it was stated that the applicant was limited in terms of doing yardwork. The applicant was unable to rake and take care of his lawn, it was stated. It was stated that the applicant was helping with laundry and was able to load and unload the dishwasher at home. It was stated that the applicant had not worked in five years. The applicant was given multiple medication renewals on office visits on November 18, 2013 and December 20, 2013. In a December 19, 2013, progress note, it was

stated that trazodone was being employed for sleep purposes on a first-time basis as mirtazapine had not been effective in the management of the same.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed permanently disabled and is receiving both Social Security Disability Insurance (SSDI) and Worker's Compensation benefits. The attending provider had himself acknowledged that numerous medications have been ineffectual here and has not expounded, elaborated, or described how precisely Norco has been beneficial here. Therefore, the request for Norco is not medically necessary.

**OXYCODONE 10MG #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic; Opioids, Ongoing Management topic Page(s): 80; 78.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints are seemingly heightened from visit to visit as opposed to reduced. The applicant is having difficulty performing even basic activities of daily living such as yard work, it has been further acknowledged. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, it is not clearly stated why two separate short-acting opioids, namely oxycodone and Norco, are being employed here. For all of the stated reasons, then, the request for oxycodone is not medically necessary.

**PRESCRIPTION FOR TRAZADONE 50MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Sadock et al., 2008, Chapter 32, page 554.

**Decision rationale:** The request in question does represent a first-time request for the same, the attending provider has posited. The MTUS does not address the topic of trazodone usage for sleep disorder, the use for which is being proposed here. As noted in the textbook, Kaplan & Sadock's Concise Textbook of Clinical Psychiatry in chapter 32, page 554, trazodone has become "extensively used" at low dosage to treat sleep disturbances, as are present here. In this case, as noted previously, the request for trazodone is a first-time request for the same. Given the applicant's longstanding issues with sleep disturbance which have proven recalcitrant to numerous other medications, a trial of trazodone is indicated. Therefore, the request is medically necessary.