

Case Number:	CM14-0117784		
Date Assigned:	08/06/2014	Date of Injury:	07/20/1999
Decision Date:	10/02/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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, has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with date of injury of 07/20/1999. The listed diagnoses per [REDACTED] dated 06/05/2014 are: 1. Status post C6-C7 anterior cervical diskectomy and fusion with postlaminectomy neck pain. 2. Severe intractable headaches. 3. Bilateral upper extremity radicular pain. 4. Low back pain status post motor vehicle accident, nonindustrial. 5. Anxiety and depression secondary to chronic pain syndrome. According to this report, the patient is noting increasing pain in the neck that radiates into both upper extremities. She is experiencing neuropathic pain and headaches. She has persistent numbness and tingling that radiates into both upper extremities to the level of the fingers. The patient has ongoing upper extremity weakness. The patient is utilizing Vicodin ES for breakthrough pain and trazodone primarily for insomnia and neuropathic pain. She currently rates her pain 7/10 to 8/10 with the use of medications and without medications, 10/10. Currently, the patient is noting 20% to 30% improvement in pain with her current medications as her epidural steroid injection benefits are beginning to wear off. She notes benefit from her Vicodin Extra Strength for breakthrough pain and occasional Actiq for severe breakthrough pain. The patient reports significant improvement and ability to participate in activities of daily living as well as functional improvement with her current medication regimen. Improved ability to sit, stand, and walk with less discomfort in the neck and upper extremities. Improvement in dexterity and quality of life with her current medication use. Her current medications have allowed her to avoid the emergency room for severe exacerbations of pain. The patient shows no evidence of drug-seeking behavior. She is utilizing her medications appropriately. An opioid contract has been signed and she has remained compliant with its terms. The UDS is consistent with prescribed medications. The physical

exam shows the patient has significant bilateral cervical paraspinous tenderness with 2+ palpable muscle spasms present. She has positive compression test for radicular symptoms in the left upper extremity. Muscle exam reveals generalized weakness in the left upper extremity. She has weakness in the right biceps. There is evidence of left C6 and C7 hypesthesia and right C5 and C6 hypesthesia. The patient's current work status was not noted. The utilization review denied the request on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: This patient presents with neck pain radiating into both upper extremities. The treater is requesting Vicodin ES, quantity #60. For chronic opiate use, MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month interval using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Vicodin on 01/08/2014. However, it is not clear if the patient was prescribed this medication prior to this date. The utilization review denied the request stating that functional improvement was described but not with specificity such that this could be verified. In this case, the report dated 06/05/2014 provides adequate documentations including numerical scales and functional measures that show some improvement, that satisfies the MTUS Guidelines. Recommendation is for authorization as medically necessary.

Trazadone 100 mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Insomnia Treatment

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

Decision rationale: This patient presents with neck pain radiating into both upper extremities. The treater is requesting trazodone 100 mg, quantity #30. The MTUS Guidelines page 13 to 15 states that antidepressants are considered the first-line option for neuropathic pain and there is a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless

they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medications, sleep quality, duration, and psychological assessment. The record shows that the patient was prescribed trazodone on 01/08/2014. In this same report, the treater notes, "She is utilizing trazodone for neuropathic pain and insomnia." In addition, the patient notes significant improvement in ability to participate in activities of daily living as well as functional improvement with her current medication regimen. MTUS Guidelines recommend antidepressants as the first-line treatment for neuropathic and non-neuropathic pain. With documented significant benefit while utilizing Trazodone, recommendation is for authorization as medically necessary.