MAXIMUS Federal Services

Case Number:	CM14-0121235		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2008
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family 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:

This is a 62-year-old female with a date of injury of 8/20/08. The mechanism of injury was secondary to repetitive typing. On 7/8/14, her medications include Flector patch, Trazodone, Lexapro, Norco, Lidoderm, Lorzone, Cetrizine, Docusate Metoprolol, Nifedipine, and Lisinopril. She wears a left wrist stabilizer brace. It was noted that she failed Neurontin due to impaired kidney function, and Tramadol did not work. On 7/8/14, she complained of neck pain radiating from the neck down the left arm. The pain is 6/10 with medications and 8/10 without medications. Her quality of sleep was poor. Activity levels remain the same and stated the medications are working well. She stated the cervical steroid injection gave > 60% pain relief for up to 3 months, and stated continued pain moderately controlled with medications. On exam the cervical spine had restricted range of motion, and the paravertebral muscles showed spasm, tenderness and tight muscle band is noted on both sides. Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. Movements of the neck are restricted with limited extension but normal flexion. The left wrist joint reveals no selling, atrophy or deformity, but range of motion is restricted with pain. The diagnostic impression is mood disorder, Carpal Tunnel Syndrome, and cervical radiculopathy. Treatment to date: surgery, physical therapy, medication management, epidural steroid injection in 1/2014. A UR decision dated 7/23/14 modified the requests for Norco, Lorzone, Trazodone, and Lexapro. The Norco 5/325mg #60 tablets was modified to #30 tablets because guidelines recommend that for ongoing opioid use, there must be ongoing documentation and review of pain relief, functional status, appropriate medication use, and side effects. There is lack of documented evidence to indicate that the patient has achieved significant pain relief with her current medication regimen or significant objective functional improvement with regard to specific activities of daily living. Additionally, the medical records submitted for review failed to provide a recent urine drug

screen to monitor for appropriate medication use. The Lorzone (chlorzoxazone) 750mg #60 was modified to #30 because guidelines recommend muscle relaxants such as Lorzone, as a second line option for short term treatment of acute exacerbations in patients with back pain. Guidelines do not recommend long term use as efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. Due to the lack of documentation regarding the significant functional improvement with regard to specific activities of daily living, it cannot be determined that the patient would benefit significant from ongoing use of Lorzone. There is also a lack of documented evidence to indicate that Lorzone has been used as a second line option or that the patient has been treated previously with a first line option for muscle spasms. The Trazodone 50mg #180 was modified to #30 because there was lack of documentation regarding significant reports of depressive symptoms or an official diagnosis of depression. The patient reported that her quality of sleep was poor. There is also a lack of documented evidence to indicate significant improvement in sleep with the patient's use of Trazodone. Furthermore, the request for #180 tablets of Trazodone includes 3 refills, which does not allow for timely reassessment of medication efficacy. The Lexapro 20mg #90 was modified to #15 because it was noted that the patient was diagnosed with a mood disorder and that she was prescribed Lexapro for depression. However, the medical records submitted for review failed to indicate significant objective functional improvement, to include specific activities of daily living with previous treatment with Lexapro. The most recent clinical note fails to document significant subjective reports of depressive symptoms, an offi

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 5-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In addition, there is no current urine drug screen noted in the records provided. The UR modified the request from Norco 5/325mg #60 to Norco 5/325mg #30 to allow for weaning and/or submission of supporting documentation. Therefore, the request for 60 tablets of Norco 5/325mg was not medically necessary.

60 tablets of Lorzone 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a refill for Lorzone. Guidelines do not support the long term use of muscle relaxants for diminishing efficacy over time and the risk of dependence. A UR modified the Lorzone 750mg #60 to Lorzone 750mg #30 to allow for weaning and/or submission of supporting documentation. Therefore, the request for 60 tablets of Lorzone 750mg was not medically necessary.

180 tablets of Trazadone 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Mental Illness & Stress Chapter, Trazadone (Desyrel)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter Trazodone

Decision rationale: CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Guidelines state that while prescribing Trazodone for depression has decreased, its off-label use of the drug for insomnia has steadily increased until it was the most frequently prescribed insomnia agent. However, although guidelines support the use of Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms, there is very limited information in the documents provided, and there was no information provided to support a diagnosis of coexisting depression or anxiety along with her insomnia. In addition, the #180 tablets of Trazodone is for a 3 months supply. The UR modified the request for Trazodone 50mg #180 to Trazodone 50mg #30 to allow for weaning and/or submission of supporting documentation. Therefore, the request for 180 tablets of Trazodone 50mg was not medically necessary.

90 tablets of Lexapro 29mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. ODG states that SSRI such as Lexapro is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, the patient lacks a diagnosis of PTSD, and the most recent report lacks a medical diagnosis of major depressive disorder. In addition the request for #90 tablets is a 3 months' supply, which does not allow for proper reassessment of the efficacy of Lexapro. The UR modified the request for Lexapro 20mg #90 to Lexapro 20mg #15 to allow for weaning and/or submission of supporting documentation. Therefore, the request for 90 tablets of Lexapro 20mg was not medically necessary.