MAXIMUS Federal Services

| Case Number: | CM14-0125910 | | |
|---|---|---|---|
| Date Assigned: | 08/13/2014 | Date of Injury: | 10/30/2011 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

## 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 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 underlying date of injury in this case is 10/30/2011. The patient's treating diagnoses is lumbar radiculopathy and backache. On 06/27/2014, the patient was seen in primary treating physician followup. The patient reported pain improvement following recent injection. The patient's activity level had remained the same. Medications included gabapentin, Colace, trazodone, and Norco. The diagnoses included lumbar radiculopathy and backache. The patient was felt to be stable on Norco on the current dosage and reported functional benefit. The patient reported that overall medications had been helpful to improve his capacity for daily activities and with medications he could stand and walk for 30 minutes or greater at a time, and without medications he had difficulty standing or walking for this period of time. Trazodone worked well for insomnia related to pain. With medications the patient could sleep through the night.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg as needed #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Revised, Page 99.

**Decision rationale:** The Medical Treatment Utilization Schedule does not specifically discuss trazodone. The ACOEM Guidelines for chronic pain, chapter 6, revised, page 99, state that trazodone is strongly not recommended for treatment of chronic persistent pain without depression. The medical records do not discuss details of any coexisting mental health diagnoses. In this situation, this request is not supported by the treatment guidelines. This request is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Revised, Page 99

**Gabapentin 300 mg TID #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Medications.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-epileptic medication, page 17, state that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The medical records in this case refer to in a general sense to improvement from medications but not specifically the benefit of gabapentin or side effects. The guidelines have not been met. This request is not medically necessary.

**Norco 10/325mg TID #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Page(s): 80.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids, page 78, discuss the four A's of opioid management, including documentation of functional benefit and side effects and risk of aberrant behavior. The medical records contain some discussion of these elements but do not clearly discuss risks of aberrant behavior and do not clearly titrate dosage of medication versus functional goals. Moreover, the Medical Treatment Utilization Schedule section on opioids for chronic pain, page 80, do not suggest efficacy of opioids on a chronic basis for low back pain, and the medical records do not document a rationale for an exception to this rule. The guidelines have not been met. This request is not medically necessary.