

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0171445 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 11/08/2004 |
| <b>Decision Date:</b> | 12/22/2014   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2014 |

### 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 Pain 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 female patient with the date of injury of November 8, 2004. A utilization review determination dated October 14, 2014 recommends non-certification of Norco 10-325 mg quantity 180, Trazodone 50 mg quantity 180, Motrin 800 mg quantity 90, Soma 380 mg quantity 90, Neurontin 600 mg quantity 180, and MS Contin 15 mg quantity 180. A progress note dated September 25, 2014 identifies subjective complaints of neck pain, and back pain radiating from the low back to posterior lateral thigh and calf down the lateral, bottom, dorsal aspect of the foot of the right leg. The patient also complains of right shoulder pain and bilateral wrist pain. The patient rates her pain with medications as a 5 on a scale of 1 to 10, without medications for pain level is a 8. The patient denies any new problems or side effects. The patient's sleep quality is poor, activity level has remained the same, the patient is taking her medications as prescribed, and the patient reports that the medications are working well. The patient is able to perform activities of daily living on prescribed medications. An undated urine toxicology screen was positive for Oxycodone, opiates, and MDMA. There is no physical examination available for review. The diagnoses included lumbar disc disorder, lumbar facet syndrome, lumbar radiculopathy, shoulder pain, bilateral carpal tunnel syndrome, pain in joint of lower leg, knee pain, cervical pain, cervical radiculopathy, and low back pain. The treatment plan recommends bilateral shoulder injection and consultation. The treatment plan also recommends continuation of Neurontin, the patient had a positive straight leg raise on the right side with burning pain and decreased sensation that starts in the low back and travels down bilateral anterior thighs and radiates to the feet down to toes along the L4, L5, and S1 dermatomes the patient reports an overall drastic decrease in pain and increased overall comfort while on Neurontin, continuation of Norco which allows her to care for children as a single mother and do household chores, continuation of MS Contin which allows her to care for children as a single mother and do

household chores, continuation of Soma, prescription for Motrin 800 mg #90, and prescription for Trazodone 50 mg #60.

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

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

**Norco 10/325 mg, QTY 180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco 10/325mg Qty 180, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested Norco 10/325mg Qty 180 is medically necessary.

**Trazodone 50 mg, QTY 80:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain, Sleep Medication, Insomnia Treatment.

**Decision rationale:** Regarding the request for Trazodone 50mg Qty 180, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Trazodone treatment. In the absence of such documentation, the currently requested Trazodone 50mg Qty 180 is not medically necessary.

**Motrin 800 mg, QTY. 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-72.

**Decision rationale:** Regarding the request for Motrin 800mg Qty 90, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is to be used for the short-term as it appears that the patient has been taking Motrin for an extended period of time. In the absence of such documentation, the currently requested Motrin 800mg Qty 90 is not medically necessary.

**Soma 380 mg, QTY. 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants: Carisoprodol (Soma)..

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

**Decision rationale:** Regarding the request for Soma (Carisoprodol) 380mg Qty 90, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma (Carisoprodol) 380mg Qty 90 is not medically necessary.

**Neurontin 600 mg, QTY. 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS) Neurontin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS) Page(s): 16-21.

**Decision rationale:** Regarding request for Neurontin 600mg Qty 180, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to 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 continued use of AEDs depends on

improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit, and there is documentation of objective functional improvement. As such, the currently requested Neurontin 600mg Qty 180 is medically necessary.

**MS Contin 15 mg, QTY 80:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for MS Contin 15mg Qty 180, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested MS Contin 15mg Qty 180 is medically necessary.