

<b>Case Number:</b>	CM14-0041015		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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, 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 40 year old with an injury date on 11/1/00. Patient complains of worsening cervical pain that radiates into her bilateral shoulders and bilateral upper extremities per 2/6/14 report. Patient has failed conservative treatment including multiple trigger point injections but TENS unit is effective in dealing with pain per 1/22/14 report. Based on the 2/6/14 progress report provided by [REDACTED] the diagnoses are: 1. Significant degenerative disc disease with loss of disc height a T5-6 with marginal osteophytes bridging the anterior aspect of the vertebrae. 2. Intractable neck, upper back, and bilateral upper extremity pain. 3. Clinical depression associated with chronic pain syndrome. There was not a physical exam provided in the included documentation. [REDACTED] is requesting Norco 10/325mg #130 with 3 refills, Zoloft 150mg #30 with 3 refills, Ambien CR 12.5mg #30 with 3 refills, Lyrica 50mg #90 with 3 refills, Soma 350mg #120 with 3 refills, and Trazodone 100mg #60 with 3 refills. The utilization review determination being challenged is dated 4/2/14 and modifies Zoloft from 3 refills to 1 refill, and modifies Lyrica from 3 refills to 1 prescription with no refill. [REDACTED] is the requesting provider, and he provided treatment reports from 1/22/14 to 5/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg, #130 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Opioids, specific drug list).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with neck pain radiating into bilateral upper extremities. The treating physician has asked for Norco 10/325mg #130 with 3 refills but the date of the request is not known. Patient denies negative side effects, and no aberrant drug behaviors are exhibited per 1/22/14 report. Patient was warned that her elevated dosage of Norco can cause liver damage per 2/6/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There is discussions of side effects and lack of drug-seeking behavior, but the activities of daily living and the level of pain and function related to the use of Norco were not documented with specific information. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, this request is considered not medically necessary.

**Prescription of Zoloft 150mg, #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, PTSD Pharmacotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 100.

**Decision rationale:** This patient presents with neck pain radiating into bilateral upper extremities. The treating physician has asked for Zoloft 150mg #30 with 3 refills. Review of the 3/2/11 AME shows patient has been on and off Zoloft due to insurance company denials, and states that her hopeless feeling but was much better with Zoloft. Regarding tricyclic antidepressants, MTUS recommends for neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, MTUS recommends antidepressants as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. In this case, the patient is suffering from neuropathic pain and depression, and the requested trial of Zoloft has been effective to treat patient's condition. Therefore, this request is medically necessary.

**Prescription of Ambien CR 12.5mg, #30 with 3 refills:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter, Zolpidem (Ambien).

**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 Chapter, Insomnia Treatment, Ambien.

**Decision rationale:** This patient presents with neck pain radiating into bilateral upper extremities. The treating physician has asked for Ambien CR 12.5mg #30 with 3 refills. Patient is taking Ambien in 1/22/14 and 2/6/14 reports. The 3/2/11 AME states patient has been taking Ambien on and off. Regarding Ambien CR, ODG guidelines recommend for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance for up to 24 weeks. Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has been taking Ambien CR for the last 3 years. The requested Ambien CR, however, is only recommended for a maximum of 24 weeks. Therefore, this request is not medically necessary.

**Prescription of Lyrica 50mg, #90 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LYRICA, Antiepilepsy drugs (AEDs Page(s): 16-18,19-20.

**Decision rationale:** This patient presents with neck pain radiating into bilateral upper extremities. The treating physician has asked for Lyrica 50mg #90 with 3 refills. The patient has been taking Lyrica since at least 1/22/14 report. Regarding anti-epilepsy drugs, MTUS recommends for neuropathic pain. There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Regarding Pregabalin (Lyrica, no generic available) MTUS states it is documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007, the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia. In this case, it appears the treating physician is attempting to switch Topamax (another anti-convulsant) out in favor of Lyrica. The requested Lyrica is reasonable and within MTUS guidelines. Therefore, this request is medically necessary.

**Prescription of Soma 350mg, #120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants Page(s): 29,63-66.

**Decision rationale:** This patient presents with neck pain radiating into bilateral upper extremities. The treating physician has asked for Soma 350mg #120 with 3 refills. Patient is taking in 1/22/14 and 2/6/14 reports. The 3/2/11 AME states patient has been taking Soma. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for the past 3 weeks prior to last progress report, and was taking it 3 years prior, but MTUS does not recommend it for longer than 3 weeks. Therefore, this request is not medically necessary.

**Prescription of Trazodone 100mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Insomnia Treatment.

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

**Decision rationale:** This patient presents with neck pain radiating into bilateral upper extremities. The treating physician has asked for Trazodone 100mg #60 with 3 refills. Patient is taking Trazodone as of 1/22/14, and has been on and off Trazodone since 3/2/11 AME. Regarding Trazodone, ODG Guidelines recommend as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the patient suffers from depression, and has a history of sleep disorders per 3/2/11 AME. There is no indicated, however, in any of the included records regarding the effectiveness of Trazodone. The MTUS page 60 states that treating physician must record improvement in pain and function in order to continue usage of any medication for chronic pain. Therefore, the request is not medically necessary.