

Case Number:	CM14-0056951		
Date Assigned:	07/09/2014	Date of Injury:	05/23/1988
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 72-year-old male who reported injury on 05/23/1988 reportedly caused by unspecified mechanism. Injured worker's treatment history included MRI, medications, urine drug screen. The injured worker was evaluated on 06/24/2014 and it was documented that the injured worker complained of back pain. The injured worker was experiencing back stiffness, radicular pain in the right and left leg, weakness in the right and left leg and upper back. The injured worker indicated back extension worsens condition, back flexion worsens condition, hyperextension, hip flexion and hip rotation worsens condition. Back pain was described as aching, burning, constant, throbbing, pressure tingling and numbness. Severity of condition was 8 out of 10. Medications included Suboxone 2 mg, testosterone 1.5 ml, trazodone 100 mg, and Valium 2 mg. Physical examination revealed palpation over the L1 to L2, L4 to L5, and L5 to S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears and secondary myofascial pain with triggering and ropey fibrotic banding bilateral. Straight-leg raise testing was positive left side at 45 degrees, positive with pain radiating to the left buttocks, post thigh, medial leg, lateral leg and posterior calf, positive right side at 45 degrees and positive with pain radiating to the right buttocks, post thigh, medial leg, lateral leg and posterior calf. Diagnoses included chronic spinal pain likely associated with disc injury and pseudo addiction. The Authorization for request dated 06/26/2012 was for trazodone 100 mg and Suboxone counseling however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation web based- web http://www.dir.ca.gov/t8/ch4_5sb1a5_52_.html ODG web based 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14 & 15.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: The requested treatment is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and Fibromyalgia for the use of neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The provider documented the injured worker complained of low and mid back pain. The documents submitted failed to indicate the injured worker's outcome measurements while taking Trazodone. Furthermore, the documents submitted failed to indicate the outcome measurements of physical therapy, home exercise regimen, and pain medication management. In addition, the request lacked frequency, dosage and duration. As such, the request for Trazodone 100mg #150 is not medically necessary.

Suboxone counseling times one: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation web based- web http://www.dir.ca.gov/t8/ch4_5sb1a5_52_.html ODG web based 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Page(s): 124.

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines state weaning of medications such as Benzodiazepine: Tapering is required if used for greater than 2 weeks. This is more dangerous than opioid withdrawal, and takes more time, with the following recommendations: (1) The recommended rate of tapering is about 1/8 to

1/10 of the daily dose every 1 to 2 weeks; (2) Rate of withdrawal should be individually tapered; (3) Tapering may take as long as a year; (4) High-dose abusers or those with polydrug abuse may need in-patient detoxification; & (5) Withdrawal can occur when a chronic user switches to a benzodiazepine with a different receptor activity. Carisoprodol (Soma): This medication is metabolized to meprobamate, a barbiturate. At the highest levels of barbiturate tolerance, the patient is at risk of delirium, seizures or even death with abrupt discontinuation. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting. Tapering should be individualized for each patient. The documentation submitted failed to indicate the injured worker having drug substance abuse of medications. Furthermore, the documents submitted failed to indicate the outcome measurements of physical therapy, home exercise regimen, and pain medication management. Given the above the request for Trazodone 100mg# 150 and Suboxone counseling X1 is not medically necessary.