

<b>Case Number:</b>	CM14-0065069		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/1987
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Internal 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:

The injured worker is a 60 year old woman with date of injury Jun 19, 1987. The insured was seen on Jan 2014 for a continuing care management visit. The injured worker narrated that she was not sleeping well with only 50 mg of Trazodone and that hydrocodone / acetaminophen only provided relief for about four hours. She reportedly had diagnoses of osteoarthritis and insomnia. There was no physical examination documented and the provider documented "physical examination not desired". The plan of care was to increase the number of hydrocodone / acetaminophen tablets given and increase the dose of Trazodone. The treating provider has submitted prospective requests for Trazodone 100 mg # 30 with eleven refills and hydrocodone/acetaminophen 5/325 mg # 168 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Trazodone 100mg, #30 with 11 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Sleep Medicine, Clinical Guideline for the evaluation and

management of chronic insomnia in adults. Available:  
<http://www.aasmnet.org/Resources/clinicalguidelines/040515.pdf>, Accessed 8/19/2014.

**Decision rationale:** The provided clinical documentation does not contain any analysis of the symptom of insomnia or any physical examination with no attempt made to determine the cause, duration, pattern, relieving and exacerbating factors in the patient's insomnia. In addition, no behavioral or psychological modalities of insomnia management are included in the records. According to the ODG and other applicable guidelines including the American Sleep Association, a comprehensive evaluation and multi-modality treatment regimen is the appropriate method of treating insomnia. In particular, chronic treatment with Trazodone is recommended as an "option" in patients with mild depression and / or anxiety. The records do not indicate a comorbid psychological condition. Therefore, the request for Trazodone is not medically necessary.

**Prescription for Hydrocodone/Acetaminophen 5/325mg, #168 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen- When to discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for osteoarthritis; criteria for opioid use Page(s): 83, 76-80. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter - Hip and Groin disorders, Section - Hip osteoarthritis, Subsection - Introductory material.;

**Decision rationale:** The patient's listed diagnosis is osteoarthritis. The applicable guidelines mention the following regarding the use of chronic opioid medications in osteoarthritis: "Highly select patients may also benefit from judicious use of low doses of opioids if they result in functional improvements." The diagnosis of osteoarthritis is made based on history and physical examination. The provider requesting chronic opioids for osteoarthritis has not documented how the diagnosis of osteoarthritis was made, which sites are affected and what other therapies have been utilized. The effect of those therapies has also not been enumerated and therefore, it cannot be assumed that those have failed. In general, chronic opioid therapy requires ongoing physical and psychological assessment of pain and other factors that may contribute to pain. Objective improvement of pain and function with opioids must be documented in order to continue opioid therapy. Monitoring for misuse is recommended and includes questionnaires and urine drug screens. The provided documentation contains none of these elements or discussions pertaining to these. As such, the request for opioids for the diagnosis of osteoarthritis is not supported by applicable guidelines.