

Case Number:	CM14-0016338		
Date Assigned:	04/11/2014	Date of Injury:	01/25/2002
Decision Date:	03/26/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 54 year old female who was injured on 01/25/2002. The mechanism of injury is unknown. Her diagnoses include chronic neck and low back pain. Prior treatment history has included medications and injections. The patient's medications as of 01/29/2014 include: Vicodin 5/300, Trazodone 150 mg, Tizanidine 4 mg and Pristiq. PR2 dated 03/11/2014 states the patient has been doing well since last seen. Her symptoms are unchanged and she reports the medications are helping. Objective findings on exam revealed range of motion of the cervical spine exhibits extension to 30; flexion to 35; right and left rotation to 70. The right elbow shows tenderness laterally. There is decreased supination and pronation to 60 degrees. The wrist shows healed incision on the right volar wrist. There is negative Spurling's; and negative L'Hermitte's; Motor strength 5-/5 in the right upper extremity. Physical Medicine evaluation dated 01/13/2014 states the patient presents with complaints of neck pain and upper back pain, which is intermittent, 5/10 at its worse with numbness and tingling in the right hand. There is no bowel or bladder incontinence. The pain is worse with increased activity level, lifting, and repetitive motion. She is complaining of right elbow pain, which is intermittent, 6/10 at its worse. She states lifting, pushing, and pulling worsen the pain. She is taking Vicodin, Trazodone, Tizanidine, and Pristiq extended release. On exam, there is no abdominal distention. There is decreased range of motion of the neck exhibiting flexion to 35; extension to 20; right rotation to 70; and left rotation to 70; Range of motion of the shoulders are within normal limits bilaterally. Elbow range of motion are within normal limits except for supination on the left is to 60 and pronation to 60 on the left; wrist range of motion is within normal limits bilaterally. The

cervical spine shows negative Spurling's; negative L'Hermitte's. There is no guarding. There is no spasm. There is tenderness in the paraspinal muscles with restricted range of motion. The right elbow shows tenderness laterally with restricted range of motion. The wrist shows a healed incision on the right volar wrist; motor strength is 5/5. There is decreased sensation in the C6, C7 and C8 dermatomes; Deep tendon reflexes are 2+. The treating provider has requested Vicodin 5/500 #90 x 2 refills, Trazadone 150mg #30, Tizanidine 4mg #30 x 2 refills and Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids Page(s): 51, 74-96.

Decision rationale: Hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The medical records demonstrate the patient has been on opioid, Vicodin, at least since March 2013. The progress reports do not reflect there has been any notable pain relief and improved function with use of opioids. The guidelines do not support continuing opioid therapy in the absence of benefit with use. The medical necessity for Vicodin has not been established. The medication is not medically necessary.

Trazodone 150mg, #30 with 2 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 Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

Decision rationale: According to the Official Disability Guidelines and CA MTUS, anti-depressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas anti-depressant effect takes longer to occur. The medical records document that the patient's medication regimen has included Trazodone at least since March 2013. There is no subjective or objective findings to support benefit with use. According to

ODG, Trazodone is one of the most commonly prescribed agents for insomnia. Sedating antidepressants, such as Trazodone, have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. However, there is no indication in the records of the patient having insomnia. The medical records do not establish Trazodone is indicated and medically necessary for this patient.

Tizanidine 4mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Tizanidine is a muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity, no spasms were documented on examination. There is no evidence of an acute exacerbation. Furthermore, the medical records indicate the patient has been maintained on Tizanidine at least since March 2013. Chronic use of muscle relaxants is not recommended. Consequently, continued use of Tizanidine is not supported by the guidelines, and medical necessity has not been established.

Pristiq: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Desvenlafaxine (Pristiq)

Decision rationale: According to the ODG, Desvenlafaxine (Pristiq) is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). The medical records document the patient has been prescribed Pristiq for over a year. There is no documentation establishing the patient has obtained clinically significant improvement in pain and depression as result of use. In the absence of demonstrable improvement, continued use of Pristiq is not supported. The medical necessity of Pristiq is not established. The medication is not medically necessary.