

<b>Case Number:</b>	CM14-0017817		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 37-year-old female who sustained an industrial injury on 04/12/01. She reports low back pain. Treatments to date include medications and surgery. Diagnoses include post laminectomy syndrome, chronic pain syndrome, and chronic unstable lumbar spine. In a progress note dated 01/08/14, the treating provider recommends continued treatment with Trazadone, methadone, and Dilaudid. On 01/22/14, Utilization Review non-certified the Dilaudid and methadone, citing MTUS guidelines. The Trazadone was uncertified, without a citation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg, #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The criteria for ongoing pain management with opioid medication are met. It appears she is receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function is being prescribed based on the pain index showing reduction in pain and improvement in function but not complete resolution of pain or restoration of function. Furthermore, clinical observation demonstrated persistent pain and therefore would not expect a lower dose to be warranted. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects of which there were none, assessment of physical and psychosocial functioning as discussed above, and monitoring for aberrant drug taking behavior for which no evidence was found. There was continued review of the overall situation in regards to non-opioid means of pain control. She had tried numerous non-opioid and other opioid pain medications in the past that were not efficacious. The worker was being followed by a pain specialist. Therefore, the request is medically necessary.

**Trazodone 150mg, #100:** Overturned

**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) Pain (Chronic): Antidepressants for chronic pain.

**Decision rationale:** Antidepressants such as Trazodone are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. An anti-depressant would be expected to be particularly beneficial in this worker since she also has depression. Trazadone is also used for the treatment of insomnia, which is also reported in this worker. The dose is appropriate. Therefore, the request is medically necessary.

**Methadone 10mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The criteria for ongoing pain management with opioid medication are met. It appears she is receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function is being prescribed based on the pain index showing reduction in pain and improvement in function but not complete resolution of pain or restoration of function. Furthermore, clinical observation demonstrated persistent pain and therefore would not expect a lower dose to be warranted. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects of which there were none, assessment of physical and psychosocial functioning as discussed above, and monitoring for aberrant drug taking behavior for which no evidence was found. There was continued review of the overall situation in regards to non-opioid means of pain control. She had tried numerous non-opioid and

other opioid pain medications in the past that were not efficacious. The worker was being followed by a pain specialist. In regards to the utilization concern regarding the selection of methadone over a different opioid, the MTUS guidelines while addressing concerns with the use of methadone for chronic non-malignant pain do not preclude its use particularly when prescribed by someone experienced in the management of it. Therefore, the request is medically necessary.