

<b>Case Number:</b>	CM14-0134993		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

This is a 60 year old female injured worker with date of injury 12/11/13 with related low back and right shoulder pain. Per progress report dated 8/7/14, the injured worker complained of significant pain, but noted that tramadol and Relafen were helpful. She complained of sharp, achy, and moderately severe pain. Her neck pain radiated to the right shoulder with numbness and tingling radiating down the lateral part of her arm to her fourth and fifth finger. She rated her pain 9/10 without medications and 7/10 with medications. She also noted that TENS unit was helpful. She complained of being depressed. Per physical exam, there was tenderness to palpation of the lateral and anterior joint of the right shoulder. There was decreased upper extremity strength and sensation in the right lateral arm. There was tenderness over the cervical paraspinals and facet joints. There was reduced cervical range of motion in all planes. Treatment to date has included physical therapy, TENS unit, acupuncture, and medication management. The date of UR decision was 8/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Desyrel (Trazodone) 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

**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), Insomnia Treatment

**Decision rationale:** With regard to insomnia treatment, the ODG guidelines state "Sedating antidepressants (e.g., Amitriptyline, Trazodone, Mirtazapine) 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. (Morin, 2007) Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation." The documentation submitted for review indicates that the injured worker suffers from significant depression and insomnia. As ODG denotes that Trazodone is indicated, the request is medically necessary. I respectfully disagree with the UR physician's assertion that the guidelines recommend other agents first. In this clinical scenario, Trazodone is medically necessary.

**Tramadol 50mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesics Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." "Review of the available medical records reveals neither documentation to support the medical necessity of Tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be established.

