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| Case Number: | CM14-0187513 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 01/20/2012 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Family 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 48 year old male patient who sustained a work related injury on 1/20/12 Patient sustained the injury due to fall. The current diagnoses include lumbar spine injury and S/P lumbar fusion. Per the doctor's note dated 10/9/2014, patient has complaints of pain from left buttock down to leg. Physical examination revealed limited range of motion, positive SLR, tenderness on palpation, decreased sensation and reflexes, and weakness of muscle and antalgic gait. The current medication lists include Trazodone, Lunesta, Norco, Fentanyl patch, Robaxin and MSIR 15mg. The patient has had electro diagnostic study on 12/10/12 that revealed chronic left L5 radiculopathy, and lumbar MRI on 7/5/12 that revealed stenosis at L4-5 and L5-S1 with severe left nerve root impingement; X-rays, AP and lateral views of the lumbar spine taken today, show an anterior-posterior lumbar fusion from L4 to S1 with no clear evidence of hardware failure or loosening. Lumbar MRI scan demonstrates evidence of marked intervertebral degenerative changes at L5-S1. The patient's surgical history include anterior posterior fusion L5-S1 on 07/15/2014 and hardware removal. He has had ESI for this injury. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30, 30 day supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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 antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005)" Per the doctor's note dated 10/9/2014, patient has complaints of pain from left buttock down to leg and physical examination revealed limited range of motion, positive SLR, tenderness on palpation, decreased sensation and reflexes, and weakness of muscle and antalgic gait. The patient has had electro diagnostic study on 12/10/12 that revealed chronic left L5 radiculopathy, and lumbar MRI on 7/5/12 that revealed stenosis at L4-5 and L5-S1 with severe left nerve root impingement. The patient's surgical history includes anterior posterior fusion L5-S1 on 07/15/2014 and hardware removal. The sedative and antidepressant effect of trazodone are additional benefits in this patient. The Trazodone 50mg #30, 30 day supply, is medically appropriate and necessary in this patient.

MSIR 15mg #180, 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; CRITERIA FOR USE OF OPIOIDS; Therapeutic Trial of Opioids Page(s):.

Decision rationale: MSIR 15mg #180, which is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into

objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MSIR 15mg #180, 30 day supply is not established for this patient.

Lunesta 2mg #60, 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter PAIN date; 10/06/14 Eszopiclone (Lunesta) Mental Chapter. Mental Illness & Stress (updated 10/23/14) Eszopiclone (Lunesta)

Decision rationale: LUNESTA (eszopiclone) is a nonbenzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guideline "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term..... Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." Per the cited guideline use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Lunesta 2mg #60, 30 day supply is not fully established in this patient.