

<b>Case Number:</b>	CM14-0193528		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	09/20/1996
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Management and is licensed to practice in Tennessee. 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 58-year-old male with a 9/20/96 date of injury. The injury occurred when the patient was leaning over a junction box to install a cable. According to a progress report dated 11/18/14, the patient complained of pain on his left side, from his shoulder blade to the low back and down the left foot. He rated his pain level as a 10/10, but it was reduced to a 6/10 with the use of his medications. Medications helped him walk longer distances, sit for longer periods of time, sleep, and sustain activities for longer periods of time. He noted that his ability to perform activities of daily living was significantly improved when he had access to his medications. His opioid medication regimen included Percocet 10/325mg: 1 tablet po Q8H and Fentanyl 50mcg/hr patch: 1 patch Q 3 days. Objective findings: none noted. Diagnostic impression: status post lumbar fusion, persistent lumbar spine myospasm, facet arthropathy, status post spinal cord stimulator implantation in 2008. Treatment to date: medication management, activity modification, physical therapy, acupuncture, injections, surgery. A UR decision dated 11/6/14 modified the requests for Trazodone from 30 tablets to 15 tablets, Fentanyl from 10 patches to 5 patches, and Percocet from 90 tablets to 45 tablets for weaning purposes. There was a lack of documentation of an objective improvement in function and an objective decrease in pain with the use of these medications. Additionally, the requested dosages would exceed the guidelines and would equal 160mg of daily morphine equivalent dosing. According to a peer-to-peer review, the provider said that he planned to wean the patient off of narcotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tabs of Trazodone 100mg with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

**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 Chapter - Trazodone

**Decision rationale:** CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However, in the present case, there is no documentation that this patient has complaints of insomnia. There is no documentation that he has a psychiatric condition or psychological complaints. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for 30 Tabs of Trazodone 100mg with 3 refills is not medically necessary.

**10 Patches of Fentanyl 50mcg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 45.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. However, in the present case, there is no documentation that this patient has had a trial and error of a first-line opioid medication. There is no documentation as to why he cannot tolerate an oral form of medication. In addition, given the 1996 date of injury, nearly 2 decades ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Furthermore, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 165. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation and respiratory depression. Therefore, the request for 10 Patches of Fentanyl 50mcg is not medically necessary.

**90 Tabs of Percocet 10mg/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, given the 1996 date of injury, nearly 2 decades ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 165. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation and respiratory depression. Therefore, the request for 90 Tabs of Percocet 10mg/325mg is not medically necessary.