

Case Number:	CM14-0205379		
Date Assigned:	12/17/2014	Date of Injury:	08/14/2012
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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:

The injured worker is a 27-year-old gentleman with a date of injury of 08/14/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/15/2014 and 10/22/2014 indicated the worker was experiencing pain in the left elbow with popping and numbness that went into the fingers and severe lower back pain that went in the heels. Documented examinations consistently described tenderness in the lower back. The submitted and reviewed documentation concluded the worker was suffering from left lateral epicondylitis and lumbar strain. Treatment recommendations included oral pain medications, medication for problems sleeping, an adjusted home exercise program, gym membership for the home exercise program and self-directed aqua therapy, a lower back brace, and follow up care. A Utilization Review decision was rendered on 11/07/2014 recommending non-certification for four BuTrans (Buprenorphine) 5mcg/h patches and 100 tablets of Trazodone 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 5 mcg/hr #4: Overturned

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; Buprenorphine, Weaning of Medications Page(s): 74-95; 26-27; 124. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Buprenorphine: Drug information, Topic 9170, version 133.0, Up-to-date, accessed 12/16/2014.

Decision rationale: Butrans (transdermal Buprenorphine) is a unique opioid (a partial agonist at the mu receptor and an antagonist at the kappa receptor) used for pain control. The FDA approved this medication for on-going moderate to severe pain, although there are certain types of pain that are more likely to be benefitted by this opioid than others. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication, among others. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. The Guidelines recommend an individualized taper when the benefits of this treatment do not outweigh the risks and/or negative effects. The submitted documentation indicated the worker was experiencing pain in the left elbow with popping and numbness that went into the fingers and severe lower back pain that went in the heels. These records suggested the workers pain had not yet responded to other attempted treatments so far. A one-month trial of Buprenorphine was requested to assist with improving the worker's pain intensity and function. In light of the supportive documentation, the current request for four Butrans (Buprenorphine) 5mcg/h patches is medically necessary. It was noted that these records did not include an individualized assessment of the worker's risk with using restricted medications. An individualized assessment and close monitoring is strongly encouraged by the Guidelines when opioids are included in treatment recommendations.

Trazodone 150 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Trazodone: Drug information; Topic 10013, version 119.0. Up-to-date, accessed 12/16/2014; Schutte-Rodin S, et al. Clinical guideline for the Evaluation and Management of Chronic Insomnia In Adults; J Clinical Sleep Medicine, Oct 15 2008; 4(5): 487-504, (American Academy of Sleep Medicine (AASM) Guideline)

Decision rationale: Trazodone is an anti-depressant in the serotonin reuptake inhibitor class of medication. Trazodone is FDA-approved for the treatment of major depression. The primary benefit of this medication on pain management is likely through improved mood. While there is some literature to support the use of Trazodone for sleep problems, some research suggests this

medication may actually worsen sleep issues. Trazodone is not FDA-approved for this use, and the Guidelines are silent on its use in this setting. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbate issues should occur. The submitted and reviewed records indicated the worker was experiencing pain in the left elbow with popping and numbness that went into the fingers and severe lower back pain that went in the heels. The documentation reported the Trazodone was recommended to improve sleep. There was no detailed assessment of the worker's sleep problem. There was no discussion suggesting prior behavioral changes had been attempted or encouraged. These records suggested the worker had used this medication long-term but there was no indication weaning had been attempted or that the medication was providing benefit. In the absence of such evidence, the current request for 100 tablets of Trazodone 150mg is not medically necessary.