

<b>Case Number:</b>	CM14-0026092		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Acupuncture & 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:

41y/o male injured worker with date of injury 4/7/13 with related back pain. Per progress report dated 4/1/14, the injured worker had stated that his back and radicular pain had been worsening without his medication and he had been unable to maintain his previous level of activity as a result. Physical exam findings were not documented for review. He was status post implantation of disc replacement L4-L5, L5-S1 7/2005, spinal cord stimulator 6/2009, and removal of stimulator 6/2013. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 2/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg #60 refills 5:** 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), Pain, Insomnia Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. As benzodiazepines are not recommended for long-term use, the request for six month supply is not medically necessary.

**Colace 100 mg #100 refills 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-Induced Constipation Treatment

**Decision rationale:** In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, and then ODG recommends, under initiating therapy, that prophylactic treatment of constipation should be initiated. As there was no active certification for opioid therapy, the prescription of prophylactic treatment of constipation is not medically necessary.