

<b>Case Number:</b>	CM14-0055424		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 44-year-old male with an industrial injury date of 07/17/2002. He presents for follow up on 03/12/2014 with complaints of low back pain down both legs. He states his pain level is 6/10 and after taking medications 3/10. Physical exam revealed ambulating with a normal gait. He had full range of motion of the lumbar spine. The provider documents the injured worker has signed a medication contract and most recent drug screen was 01/15/2014. Prior treatment includes long-term medication therapy. Diagnosis includes: Depression, pain related- Status post lumbar fusion. Chronic low back pain. Multi-level degenerative disc disease, lumbar spine. Chronic compensatory muscle spasm. On 03/28/2014 utilization review issued the following decision: The request for Ativan 0.5 mg # 60 was modified to a certification of Ativan 0.5 # 33. The request for Trazodone 50 mg # 30 with 5 refills has been modified to a certification of Trazodone 50 mg # 30 with 2 refills. The request for Cymbalta 30 mg # 30 with 5 refills has been modified to a certification of Cymbalta # 30 with 2 refills. The request for Senokot # 60 with 5 refills was non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) prescription of Ativan 0.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 0.5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are depression, pain related; status post lumbar fusion; chronic low back pain; multilevel degenerative disc disease lumbosacral spine; and chronic compensatory muscle spasm. Documentation indicates Ativan was prescribed as far back as June 18, 2012 (the earliest progress note in the medical record). The exact start date is unclear based on the lack of documentation prior to that date. Ativan is not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating physician exceeded the recommended guidelines. There is no documentation with objective functional improvement as it relates to ongoing Ativan. Consequently, absent compelling clinical documentation with objective functional improvement associated with ongoing long-term Ativan, Ativan 0.5 mg #60 is not medically necessary.

**Prospective request for one (1) prescription of Senokot #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Initiating Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/senokot.html>.

**Decision rationale:** Pursuant to Medline plus, Senokot #60 with five refills is not medically necessary. Senokot is a stimulant laxative. It works by your taking the bowel tissues resulting in a subsequent bowel movement. In this case, the injured worker's working diagnoses are depression, pain related; status post lumbar fusion; chronic low back pain; multilevel degenerative disc disease lumbosacral spine; and chronic compensatory muscle spasm. Subjectively, there are no complaints of constipation according to a February 2014 progress note. The treating physician first prescribed Senokot June 18, 2012 (the earliest progress note in the medical record). The exact start date is unclear based on a lack of documentation prior to that date. Consequently, absent clinical documentation with subjective evidence of constipation (opiate induced), Senokot #60 with five refills is not medically necessary.

**Prospective request for one (1) prescription of Trazodone 50mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Trazodone Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Trazodone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #30 with five refills is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are depression, pain related; status post lumbar fusion; chronic low back pain; multilevel degenerative disc disease lumbosacral spine; and chronic compensatory muscle spasm. The documentation indicates sleep is improved with Trazodone, however, there are no stated clinical facts with insomnia or major difficulties with sleep. Trazodone was started November 18, 2013 according to a progress note in the medical record. The injured worker has coexisting depression and trazodone, and antidepressant, is clinically indicated. The documentation showed evidence of objective functional improvement. Although Trazodone is clinically indicated, five refills are not clinically indicated. Consequently, absent compelling clinical documentation to support five refills Trazodone, Trazodone 50 mg #30 with five refills is not medically necessary.

**Prospective request for one (1) prescription of Cymbalta 30mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #30 with 5 refills is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. It is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are depression, pain related; status post lumbar fusion; chronic low back pain; multilevel degenerative disc disease lumbosacral spine; and chronic compensatory muscle spasm. Cymbalta was started as far back as December 20, 2012. Cymbalta is clinically approved for treatment of depression and is clinically indicated for the injured worker. The documentation contained evidence of objective functional improvement. However, 5 refills are not clinically indicated. Consequently, absent compelling clinical documentation to support five refills of Cymbalta 60 mg, Cymbalta 60 mg #30 with five refills is not medically necessary.