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| <b>Case Number:</b>   | CM15-0006721 |                              |            |
| <b>Date Assigned:</b> | 01/21/2015   | <b>Date of Injury:</b>       | 07/23/2001 |
| <b>Decision Date:</b> | 03/19/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old female, who sustained an industrial injury on July 23, 2001. The diagnoses have included neck pain, low back pain, chronic pain and traumatic brain injury. Treatment to date has included oral pain medication. Currently, the injured worker complains of bilateral shoulder, arm, hand, chest, abdomen, neck, upper back, lower back, buttock, hip, leg, ankle and foot. On December 16, 2014 Utilization Review non-certified Trazodone 100mg quantity 30 with two refills, Baclofen 10mg quantity 60 and Oxycodone 7.5mg quantity 120, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited. On December 8, 2014, the injured worker submitted an application for IMR for review of Trazodone 100mg quantity 30 with two refills, Baclofen 10mg quantity 60 and Oxycodone 7.5mg quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 100mg # 30 with 2 refills:** Overturned

**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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, Trazodone Desyrel (see insomnia treatment)

**Decision rationale:** Per the 12/08/14 report the patient presents with worsening severe chronic pain in the neck, lower back and with traumatic brain injury. The current request is for TRAZADONE 100 mg #30 WITH 2 REFILLS per the 12/08/14 report. The 12/17/14 utilization review modified this request from 2 refills to 0 refills. The patient has permanent work restrictions and is not currently employed. ODG Mental Illness & Stress Chapter, Trazodone Desyrel "states the following, Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The reports provided for review state the patient requires medication for pain, mood and sleep disorder. The reports further state Trazadone is for sleep and helps the patient's sleep. It is unclear how long the patient has been prescribed this medication. The 09/15/14 report states the patient is using Zolpidem-Ambien" for sleep. Guidelines state that this medication is indicated as an option for insomnia with co-existing depression or anxiety that has been documented for this patient. The request IS medically necessary.

**Baclofen 10mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Per the 12/08/14 report the patient presents with worsening severe chronic pain in the neck, lower back and with traumatic brain injury. The current request is for BACLOFEN 10 mg #60 per the 12/08/14 report. The patient has permanent work restrictions and is not currently employed. The MTUS Guidelines page 63 states, Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. The 12/08/14 report states use is 1 tablet twice a day as needed for muscle spasm. In this case, it appears this medication is used as a second line option as the patient is prescribed an opioid Oxycodone. However, guidelines state the medication is indicated for short term treatment of acute exacerbations and the patient has been prescribed this medication from at least 09/15/14 to 12/08/14. Furthermore, this request is for an additional 30 days supply. Lacking recommendation by guidelines, the request IS NOT medically necessary.

**Oxycodone 7.5mg # 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 12/08/14 report the patient presents with worsening severe chronic pain in the neck, lower back and with traumatic brain injury s/p back and neck surgery dates not specified. The current request is for OXYCODONE 75 mg #120 Oxycodone/Percocet, an opioid per the 12/08/14 report. The 12/17/14 utilization review modified this request from #120 to #60. The patient has permanent work restrictions and is not currently employed. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show that the patient has been prescribed this medication since at least 09/15/14. The 12/08/14 report states pain medication are effective in reducing pain 50%. The 09/15/14 report states pain without Percocet is 8/10 and with it is 5/10. The 12/08/14 report also states, The pain medication is helpful. She is out of the Percocet, When she takes them she is able to do chores like dishes and laundry at the home that she couldn't do if she didn't have the pain medication. The report further states that medication allows the patient to do walking. The reports state that UDS was ordered for the patient and that reports are consistent. A 09/15/14 urine toxicology report is provided showing the presence of Oxycodone and that other opioids are not present. However, adverse behavior is not specifically discussed. In this case, there is sufficient documentation of the 4A's to support long-term opioid use. The request IS medically necessary.