

<b>Case Number:</b>	CM15-0103414		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male who sustained an industrial injury on 08/31/2010. Diagnoses include history of a right facial fracture, multiple areas, and he complains of dizziness and blurry vision on the right side, post-traumatic stress disorder, and depression secondary to chronic pain. A brain Magnetic Resonance Imaging from January of 2011 was negative, Electroencephalogram was negative, and he had a negative sleep study. Treatment to date has included diagnostic studies, medications, and acupuncture. His medications include Percocet, Norco, Klonopin, Trazodone, Motrin, and Prilosec. The injured worker is not working. A physician progress note dated 05/12/2015 documents the injured worker complains of face pain, post-traumatic stress disorder, bilateral forearm pain, bilateral leg, neck and upper back pain. He rates his pain as 9 out of 10 at times but the medications bring it down to 3 out of 10. The medications allow him to stay functional. He can stand up and move around for about an hour longer than without medications. The injured worker ambulates with a cane. He still complains of an abnormal sense of smell where he is smelling items and they smell and taste like burning wood. His treatment plan was to keep his appointment for the ENT studies, continuation of his medications, and a return visit in one month. Treatment requested is for Percocet 10/325mg #90, Norco 10/325mg #30, and Trazodone 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured about 5 years ago. MRI of the head and EEG were negative, and there was a negative sleep study. Medicines subjectively provider a 7 point VAS improvement, and reportedly allow him to stay functional. He walks with a cane. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids** (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured about 5 years ago. MRI of the head and EEG were negative, and there was a negative sleep study. Medicines subjectively provider a 7 point VAS improvement, and reportedly allow him to stay functional. He walks with a cane. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids** (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in

this case. It is not clear a return to work occurred which is the first MTUS criterion. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and objective functional improvement and compare to baseline. These are important issues, and they have not been fully addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**Trazodone 50mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** This claimant was injured about 5 years ago. MRI of the head and EEG were negative, and there was a negative sleep study. Medicines subjectively provided a 7 point VAS improvement, and reportedly allow him to stay functional. He walks with a cane. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.