

<b>Case Number:</b>	CM15-0105202		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient, who sustained an industrial injury on 12/26/13. The diagnoses include left knee degenerative arthritis with lateral meniscus tear, status post left shoulder arthroscopy with rotator cuff repair, status post repeat shoulder arthroscopy with mini open rotator cuff repair 2/10/15. Per the physician progress note dated 5/5/15, he had complains of ongoing pain in the left shoulder, continued pain and swelling in the left knee especially with walking, and the left knee giving way. He also had complaints of depression and sleep disruption. He states that he takes three to four Norco daily to manage the pain. The objective findings revealed decreased range of motion in the bilateral shoulders with flexion on the right at 150 degrees, abduction 140 degrees, internal rotation 45 degrees and external rotation 35 degrees; The left shoulder- flexion 65 degrees, abduction 50 degrees, internal rotation 45 degrees and external rotation -10 degrees. The physician noted that he is progressing slower than expected after left shoulder surgery and has had 12 post-operative physical therapy sessions and remains symptomatic. He is scheduled to undergo left knee arthroplasty on 7/13/15. It is also noted that in an effort to wean him off the Norco he was prescribed a lower dose of the medication. He was prescribed Norco 7.5/325 MG instead of Norco 10/325 MG. The current medications included Norco and Trazodone. Trazodone was prescribed for insomnia. He has had left shoulder MRI arthrogram on 8/6/2014; MRI of the left knee on 8/6/2014. He has undergone left shoulder arthroscopic surgery on 12/15/2014 and left shoulder repeat shoulder arthroscopy with mini open rotator cuff repair on 2/10/15. Treatments to date have included medications, activity modifications, diagnostics, consultations, surgery, physical therapy, and other

modalities. There is no previous urine drug screen noted in the records. Work status is to remain off work. The physician requested treatments included Norco 7.5/325 mg #90 and Trazodone 50 mg #30 with 2 refills. The norco was requested for the purpose of weaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 7.5/325 mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page 75-80.

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. However, Norco 7.5mg/325mg was prescribed for the purpose of weaning, at a lower dose than previously. Weaning of opioid medications is medically appropriate and necessary in this patient. The request of Norco 7.5/325mg, #90 is medically appropriate and necessary for this patient, at this time, for the purpose of weaning.

**Trazodone 50 mg #30 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Insomnia treatment Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine).

**Decision rationale:** Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.". In addition, per the cited guidelines "Trazodone is one of the most commonly prescribed agents for insomnia." Per the records provided, he had complaints of chronic pain with history of shoulder surgeries. He had also had depression and sleep disruption secondary to chronic pain. Trazodone is a first line agent in this clinical situation. The request of Trazodone 50 mg #30 with 2 refills is medically appropriate and necessary for this patient.