

Case Number:	CM15-0019973		
Date Assigned:	02/09/2015	Date of Injury:	05/12/2002
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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 56 year old male, who sustained an industrial injury on 5/12/2002. The details of the initial injury and prior treatments were not submitted for this review. There was a past surgical history including the T7-8 in 200 and cervical C5-9 in 2007. The diagnoses have included chronic multifactorial cervicothoracic pain status post failed cervical and thoracic spine surgery syndrome. Currently, the IW complains of chronic continuous pain. Physical examination from 9/17/14 documented slow ambulation with stiff upright gait with tenderness along bilateral scapular borders and through cervical incision site. The plan of care included possible weaning of medication and discussion of the implantation of a spinal cord stimulator. On 1/26/2015 Utilization Review non-certified Trazodone 50mg #60 with two refills, and modified certification for MS Contin 100mg #90 and MSIR 15mg #120, and Lunesta 3 mg with two refills, noting the allowance for one month to wean. The MTUS and ODG Guidelines were cited. On 2/2/2015, the injured worker submitted an application for IMR for review of Trazodone 50mg #60 with two refills, MS Contin 100mg #90, MSIR 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #60 x2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation ODG, Pain, Mental Illness and Stress, Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The patient presents with upper thoracic and cervical pain rated 6/10. The patient's date of injury is 05/12/02. Patient is status post anterior cervical fusion at C5-C7 on 08/09/07, and status post unspecified T7-T8 surgery in 2003. The request is for TRAZADONE 50MG #60 X2 REFILLS. The RFA was not provided. Physical examination dated 09/17/14 reveals an antalgic gait and exquisite tenderness to palpation along the bilateral medial scapular borders and the cervical longitudinal incision site. The patient is currently prescribed Docusate, Lunesta, MS Contin, MSIR, Polyethylene Glycol SPN, Trazadone, Androderm, Bystolic, DHEA, Lipitor, Metformin, Potassium supplement, and Tosimide. Diagnostic imaging was not included. Patient is currently disabled. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: "Sedating antidepressants -e.g. amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." In regards to the request for a continuation of Trazadone, treater has not provided documentation of pain relief or functional improvement attributed to this medication. Progress notes provided indicate that this patient has been prescribed Trazadone since at least 05/14/14. The only mention of this medication's efficacy is in regards to sleep improvement, progress report dated 09/17/14 states: "The patient is experiencing a moderate amount of sleep benefit with Lunesta, denying any complex sleep behavior and augmented by Trazadone." While Trazadone is indicated by guidelines for use as a sleep aid in patients with concurrent depression, this patient does not have any depression or psychiatric complaints; aside from insomnia secondary to pain. Owing to a lack of guideline support of this medication for this patient's chief complaint and a lack of pain relief and functional improvement attributed to this medication, continuation cannot be substantiated. The request IS NOT medically necessary.

MS Contin 100mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioids, dosing.

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

Decision rationale: The patient presents with upper thoracic and cervical pain rated 6/10. The patient's date of injury is 05/12/02. Patient is status post anterior cervical fusion at C5-C7 on 08/09/07, and status post unspecified T7-T8 surgery in 2003. The request is for MS CONTIN 100MG #90. The RFA was not provided. Physical examination dated 09/17/14 reveals an antalgic gait and exquisite tenderness to palpation along the bilateral medial scapular borders and the cervical longitudinal incision site. The patient is currently prescribed Docusate, Lunesta, MS Contin, MSIR, Polyethylene Glycol SPN, Trazadone, Androderm, Bystolic, DHEA, Lipitor, Metformin, Potassium supplement, and Tosimide. Diagnostic imaging was not included. Patient is currently disabled. 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. In regards to the continuation of MS Contin, the request appears reasonable. Progress note dated 09/17/14 states: "Percentage improvement that pain medications are providing: 75 percent. Significant pain relief and functional benefit with morphine." The same progress note documents some functional improvements: "Patient remains limited with household chores though in the absence of his medications he would be bedridden." A consistent urine drug screen dated 07/14/14 is also provided, as well as a discussion of lack of aberrant or drug seeking behavior. Furthermore, progress report dated 09/17/14 discusses the intent to conduct a weaning process and documents a 25 percent reduction in this patient's MSIR prescription effective immediately with plans for additional reduction next visit. The progress reports provided satisfy MTUS requirements of documented analgesia, functional improvements, consistent UDS, and lack of aberrant behavior - in addition to a plan for gradual opioid weaning. Therefore, the request IS medically necessary.

MSIR 15MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioids, dosing.

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

Decision rationale: The patient presents with upper thoracic and cervical pain rated 6/10. The patient's date of injury is 05/12/02. Patient is status post anterior cervical fusion at C5-C7 on 08/09/07, and status post unspecified T7-T8 surgery in 2003. The request is for SIR 15MG #120. The RFA was not provided. Physical examination dated 09/17/14 reveals an antalgic gait and exquisite tenderness to palpation along the bilateral medial scapular borders and the cervical longitudinal incision site. The patient is currently prescribed Docusate, Lunesta, MS Contin, MSIR, Polyethylene Glycol SPN, Trazadone, Androderm, Bystolic, DHEA, Lipitor, Metformin, Potassium supplement, and Tosimide. Diagnostic imaging was not included. Patient is currently

disabled. 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. In regards to the continuation of Morphine, the request appears reasonable. Progress note dated 09/17/14 states: "Percentage improvement that pain medications are providing: 75 percent. Significant pain relief and functional benefit with Morphine." The same progress note documents some functional improvements: "Patient remains limited with household chores though in the absence of his medications he would be bedridden." A consistent urine drug screen dated 07/14/14 is also provided, as well as a regular discussion of lack of aberrant or drug seeking behavior in the notes provided. Furthermore, progress report dated 09/17/14 discusses the intent to conduct a weaning process and documents a 25 percent reduction in this patient's MSIR prescription effective immediately, with plans for additional reduction next visit. The progress reports provided satisfy MTUS requirements of documented analgesia, functional improvements, consistent UDS, and lack of aberrant behavior - in addition to a plan for gradual opioid weaning. Therefore, the request IS medically necessary.

Lunesta 3mg, #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Health and Stress Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter states: EszopicolonePain chapter, Insomnia treatment.

Decision rationale: The patient presents with upper thoracic and cervical pain rated 6/10. The patient's date of injury is 05/12/02. Patient is status post anterior cervical fusion at C5-C7 on 08/09/07, and status post unspecified T7-T8 surgery in 2003. The request is for LUNESTA 3MG #30 WITH 4 REFILLS. The RFA was not provided. Physical examination dated 09/17/14 reveals an antalgic gait and exquisite tenderness to palpation along the bilateral medial scapular borders and the cervical longitudinal incision site. The patient is currently prescribed Docusate, Lunesta, MS Contin, MSIR, Polyethylene Glycol SPN, Trazadone, Androderm, Bystolic, DHEA, Lipitor, Metformin, Potassium supplement, and Tosimide. Diagnostic imaging was not included. Patient is currently disabled. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone from 2 mg to 1 mg for both men and women." In regards to the request for continuation of Lunesta, the treater has exceeded the recommended duration of therapy. Progress notes dated 05/14/14, 07/14/14, and 09/17/14 do report significant sleep improvements attributed to this medication. However, this patient has been taking this Lunesta since at least 05/14/14. Guidelines only support short term use lasting 60 days from time

of injury and discourage use in the chronic phase. The requested 30 tablets with 4 refills does not imply an intent to limit use. Therefore, the request IS NOT medically necessary.