

Case Number:	CM15-0136694		
Date Assigned:	07/24/2015	Date of Injury:	01/17/2001
Decision Date:	09/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/14/2015

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: Colorado

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:

The 61-year-old male injured worker suffered an industrial injury on 1/17/2001. The diagnoses included multifocal pain syndrome and lumbar post laminectomy syndrome. The treatment included medications. On 6/1/2015 the treating provider reported the pain was moderate at the visit with details of limitations due to pain and that the medications provide pain relief and preservation of functional capacity. The location of the pain was in the neck and low back that had increased that was constant, radiating and severe. On exam the pain was 6/10. There was an impaired gait. The injured worker reported because of pain he had less than 4 hours of sleep, while taking Trazodone. On clinic visit notes in 7/2015, pain levels continued to be documented at 6-7/10 and statements of functional improvement were provided. The requested treatments included Opana ER and Trazodone 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78-81, 85, 88-89, and 93.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful when re-assessing pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated clinical tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) Several circumstances need to be considered when determining to discontinue opioids: 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids. 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function. 4) Patient has evidence of unacceptable side effects. 5) Patient's pain has resolved. 6) Patient exhibits "serious non-adherence". Per the Guidelines, Chelminski defines "serious substance misuse" as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005) 7) Patient requests discontinuing opioids. 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction. 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? For the patient of concern, the most recent records do include statements from the patient characterizing his functional improvements with medications and an Oswestry Disability Index has been completed. Patient indicates in his statement regarding pain improvement that medications improve pain from 6/10 to 3-4/10, which is minimal improvement at best, and conflicts with all other records for the patient that consistently indicate pain is 6-7/10 in recent clinic visits, on medication. The clinic notes indicate patient is being managed by a multidisciplinary pain clinic and that the "4a's" are being monitored. However, the records do not include any discussion documented with the patient regarding side effects or aberrant drug taking behavior risks. Also, no urine drug screens in the last 6 months were provided for review or discussed in the recent clinic notes. Without current, consistent evidence that patient has improved with regard to pain on the opioids, and without updated monitoring information including aberrant drug taking behavior / urine drug screens, the Opana ER is not medically necessary. Opioid medications are not to be abruptly discontinued.

Trazodone 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Insomnia Treatment and Other Medical Treatment Guidelines www.nlm.nih.gov/medlineplus/druginfo.

Decision rationale: The MTUS does not address the use of Trazodone, so the other sources were consulted. Trazodone is a serotonin modulating antidepressant that is also used to treat insomnia. It is indicated for the long term management of depression. Per the ODG, sedating antidepressants, such as Trazodone, work better to treat depression than to treat insomnia, based on available evidence. For the patient of concern, the records are not clear as to why patient takes Trazodone. He has documented depression and anxiety and has had same for many years. He also reports difficulty sleeping which is improved by the Trazodone, though not consistently improved. It is not clear in the records if patient's depression is improved with the Trazodone as well. The records do indicate that psychotherapy has been requested, and that would be a useful adjunct and may help clarify whether or not patient is improving with Trazodone. Without clear goals for treatment, and assessment of the success in reaching those goals with the Trazodone outlined for the patient, the Trazodone request is not medically necessary.