

<b>Case Number:</b>	CM15-0137398		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 45-year-old male who sustained an industrial injury 11/09/2006. Diagnoses/impressions include discogenic cervical condition with a radicular component; right rotator cuff tear, status post arthroscopic repair; left impingement syndrome, status post-surgical intervention; elbow joint inflammation with loss of motion, status post plica release and osteotomy; and chronic pain associated with weight gain, sleep disturbance, depression and stress. Treatment to date has included medications, TENS unit, neck collar with a gel and neck pillow, bilateral shoulder injections and surgeries, elbow injection and surgery, elbow sleeve and home exercise. According to the progress notes dated 6/3/15, the IW reported he was doing well; he was going to see a provider for pain management and his medications had been approved. His Norco and other medications were keeping him functional. He was taking Effexor and Trazodone which were effective for anxiety, depression and insomnia secondary to chronic pain. On examination, his blood pressure was improved from previous visits at 144/88. There was tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facets and pain with facet loading. He could touch his fingertips to his shoulders. A request was made for Trazodone 50mg, #60 and Norco 10/325mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006; 29 (11): 1415-1419.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for neck, bilateral shoulder, and right elbow pain. When seen, Norco and other medications were allowing him to be functional. Trazodone was being prescribed for insomnia. Effexor was also being prescribed. There was cervical and lumbar paraspinal muscle and facet tenderness with positive facet loading. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant is obese and taking naps during the day. There is likelihood that the claimant has secondary insomnia due to obstructive sleep apnea which would potentially be appropriately treated by other means. Continued prescribing of Trazodone without an adequate evaluation of the claimant's insomnia was not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for neck, bilateral shoulder, and right elbow pain. When seen, Norco and other medications were allowing him to be functional. Trazodone was being prescribed for insomnia. Effexor was also being prescribed. There was cervical and lumbar paraspinal muscle and facet tenderness with positive facet loading. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this specific medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.