

Case Number:	CM15-0138313		
Date Assigned:	07/28/2015	Date of Injury:	08/29/2013
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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 47 year old male patient who sustained an industrial injury on 08/29/2013. He reported being in an automobile accident with trauma to the neck, chest, and back. The diagnoses include lumbar disc injury, cervical facet arthralgia, right sciatica and cephalgia. Per the doctor's note dated 6/16/2015, he had complains of neck pain and low back pain that has radicular symptoms into the left lower extremity. Pain with current medications is rated as a 3-4 on a scale of 0-10, and pain without medication s is a 7-8. Pain with prescribed medications is a 0-1 in severity. As a result of sudden discontinuation of medications, he had withdrawal symptoms which at the time of the exam were improving. He continues to have poor sleep (two to three hours at a time). The physical examination revealed moderate pain over the left more than right C5-C6 and C6-C7 levels, complete range of motion in all directions with moderate pain on right lateral flexion and left rotation with side pain on extension, normal motor strength throughout both upper and lower extremities, moderate pain and spasms noted over the left more than right L4- L5, and L5-S1 with range of motion and hypesthesia in the left lower extremity. The medications list includes Butrans 10 mcg patch, Tylenol #3, Trazodone, and lidocaine patches. Patient has tried amitriptyline. He has had cervical spine MRI on 1/15/2014 which revealed a bulging at C5- C6 with diffuse discogenic disease, and a lumbar MRI dated 1/15/2014 which showed L4-L5 and L5 and S1 bulging. Treatment to date has included physical therapy, medications and steroid injections. He was placed on work restrictions. Treatment plans include ordering opioid pain medications and medication Trazodone for sleep. Lidoderm patches are also ordered. A request for authorization was made for the following: 1. Tylenol #3 Qty 60 with 4 refills, 2. Trazodone 50 mg Qty 30 with 4 refills, 3. Lidoderm 5% Qty 90 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Qty 60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 75-80.

Decision rationale: Tylenol #3 Qty 60 with 4 refills. Tylenol #3 contains codeine and acetaminophen. Codeine 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. Response to lower potency opioid for chronic pain is 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. The medical necessity of Tylenol #3 Qty 60 with 4 refills is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Trazodone 50 mg Qty 30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Insomnia treatment Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine).

Decision rationale: Trazodone 50 mg Qty 30 with 4 refills. 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 significant injury. He had also had sleep disruption secondary to chronic pain. Trazodone is a first line agent in this clinical situation. The request of Trazodone 50 mg Qty 30 with 4 refills is medically appropriate and necessary for this patient.

Lidoderm 5% Qty 90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113, Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Lidoderm 5% Qty 90 with 6 refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsants (with dose, duration and frequency) is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5% Qty 90 with 6 refills is not fully established for this patient.