

<b>Case Number:</b>	CM15-0138446		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/21/1997
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 is a 72-year-old male, who sustained an industrial injury on 2/21/1997. He reported injuries to his left shoulder, both hands and right jaw due to falling. Diagnoses have included chronic bilateral shoulder pain and chronic bilateral knee pain. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/1/2015, the injured worker was seen for pain management. He reported that his pain was unchanged since the last visit. Objective findings revealed decreased range of motion of the bilateral shoulders with tenderness to palpation. There was decreased range of motion of the bilateral knees with tenderness to palpation. Authorization was requested for Norco and Trazadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in 1997 and continues to be treated for bilateral shoulder and upper extremity pain and bilateral knee pain. Medications are referenced as decreasing pain from 8/10 to 2/10. When seen, there was cervical muscle tenderness with lateral epicondyle tenderness and tenderness over the patella bilaterally. Prior medications had included gabapentin and Cymbalta without pain relief. Norco was continued at a total MED (morphine equivalent dose) of 20 mg per day. Trazodone was being prescribed for insomnia due to pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Trazadone 50mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 injury occurring in 1997 and continues to be treated for bilateral shoulder and upper extremity pain and bilateral knee pain. Medications are referenced as decreasing pain from 8/10 to 2/10. When seen, there was cervical muscle tenderness with lateral epicondyle tenderness and tenderness over the patella bilaterally. Prior medications had included gabapentin and Cymbalta without pain relief. Norco was continued at a total MED (morphine equivalent dose) of 20 mg per day. Trazodone was being prescribed for insomnia due to pain. 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 has difficulty sleeping due to pain. Attempting further treatment of his night time pain would potentially be effective. Continued prescribing of Trazodone was not medically necessary.