

<b>Case Number:</b>	CM15-0145429		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, North Carolina  
 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 injured worker is a(n) 46 year old male, who sustained an industrial injury on 1-14-14. He reported pain in his left upper extremity. The injured worker was diagnosed as having lesion of the ulnar nerve. Treatment to date has included a left elbow MRI on 11-13-14, a stellate ganglion block in the left upper extremity on 2-10-15 and left ulnar nerve surgery on 5-13-14. Current medications include Zofran, Hydrocortisone cream and Norco and MS Contin since at least 1-22-15 and Trazodone since at least 4-9-15. On 4-8-15 the injured worker was seen in the emergency department for a severe allergic reaction to Lyrica. As of the PR2 dated 7-7-15, the injured worker reports pain in his left upper extremity. He indicated he was not able to tolerate Cymbalta trial because he was having hot flashes and dizziness. The treating physician noted that the injured worker is extremely sensitive to touch and temperature in his left elbow radiating down to his fingertips. The injured worker has difficulty sleeping at night and using his left upper extremity. Objective findings include decreased strength in the left upper extremity. The treating physician requested MS Contin 15mg #120, Norco 10-325mg #90 and Trazodone 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin 15 m/tab quantity 120.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 88-89.

**Decision rationale:** CA MTUS Guidelines state that opioids are not first-line therapy in the treatment of non-malignant pain. MS Contin is a long-acting opioid that is intended for short-term use. MTUS Guidelines state that for medications used in chronic pain, there should be a record of pain and function for the medication used. Pain should be assessed at each visit and functional status at least every 6 months. In this case, there is no numerical scale of pain severity or validated instrument of function as required by MTUS Guidelines. The four A's are also not documented. Therefore, due to lack of documentation of the efficacy of chronic opioids, the request for MS Contin is not medically necessary.

**Norco 10/325m/tab quantity 90.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78, 80.

**Decision rationale:** CA MTUS Guidelines state that Norco is a short-acting opioid used in the treatment of pain. The cardinal criteria for continuing opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain. In this case, criteria have not been met. The patient has not returned to work and there are no objective or subjective measures of pain relief and functional improvement documented in the records submitted. The patient's last drug screen submitted for review was positive for THC. Guidelines state that opioids should not be combined with alcohol or marijuana for pain relief. For the above reasons, this request is deemed not medically necessary or appropriate.

**Trazodone 50mg/tab #90 quantity 90.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Medications for chronic pain Page(s): 13-17, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress (sedating antidepressants).

**Decision rationale:** CA MTUS Guidelines state that anti-depressants are recommended as first line option for neuropathic pain and is an option for non-neuropathic pain. Trazodone is also used for insomnia for patients with concurrent depression. In this case, the medical records do not document depression. From a pain management standpoint, no rationale is provided for the use of Trazodone. Medical records do not discuss the efficacy of this medication. MTUS Guidelines require documentation of pain assessment and functional changes when medications are used for chronic pain and this is not present in the records in regard to Trazodone. Therefore, the request is deemed not medically necessary or appropriate.