

Case Number:	CM15-0165218		
Date Assigned:	09/03/2015	Date of Injury:	10/15/1999
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female, who sustained an industrial injury on 10-15-1999. The mechanism of injury is not described. The current diagnoses are chronic pain syndrome, low back pain, neck pain, and right wrist pain. According to the progress report dated 7-8-2015, the injured worker complains of chronic pain in the spine and right wrist. The pain is rated 7 out of 10 on a subjective pain scale. Additionally, she reports symptoms of depression and insomnia. The physical examination reveals diffuse tenderness over the entire spine and neck. There are positive deformities of the right wrist and hand noted. The current medications are Norco, Trazodone, Gabapentin, and Paroxetine. Per notes, Norco gives her enough pain control to stay active but she is still having significant pain. It is unclear when Norco, Trazodone, and Paroxetine were originally prescribed. Treatment to date has included medication management. Work status is described as off work permanently. A request for Norco, Trazodone, and Paroxetine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with chronic spine pain and chronic right wrist pain. The treater has asked for Norco 10/325mg #150 with 6 refills on 7/8/15. The patient's diagnosis per request for authorization dated 8/4/15 is chronic pain. The patient states that Norco approximately 4 tablets per day gives her enough pain control to stay active but still has significant pain per 7/8/15 report. The patient takes Trazadone and Paroxetine, to help with insomnia and depression associated with chronic pain, and pays for all of her medications out of pocket per 7/8/15 report. The patient has no changes to her condition or surgical history per 7/8/15 report. The patient's work status is not included in the provided documentation. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient is currently taking Norco per 8/7/15 report. Since only one progress report was included in the provided documentation, it is not known when the patient initiated Norco. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Trazodone 100mg #30 with 3 refills: 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, Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with chronic spine pain and chronic right wrist pain. The treater has asked for Trazodone 100mg #30 with 3 refills on 7/8/15. The patient's diagnosis per request for authorization dated 8/4/15 is chronic pain. The patient states that Norco approximately 4 tablets per day gives her enough pain control to stay active but still has significant pain per 7/8/15 report. The patient takes Trazodone and Paroxetine, to help with insomnia and depression associated with chronic pain, and pays for all of her medications out of pocket per 7/8/15 report. The patient has no changes to her condition or surgical history per 7/8/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15 states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." ODG guidelines Pain Chapter, under Insomnia: Sedating antidepressants (e.g., Amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The treater does not discuss this request in the reports provided. Patient is currently taking Trazodone per 7/8/15 report. The patient has taken Trazodone as early as 2012 per utilization review letter dated 8/18/15, which denies request due to lack of quantified measures of improvement in sleep duration. The same utilization review letter cites previous utilization review dated 9/21/12 which states that Trazodone was previously recommended for weaning due to lack of associated diagnosis of depression and lack of quantitative findings of improvement in sleep. The only provided report dated 7/8/15 does not include a specific discussion about the efficacy of Trazodone in relation to patient's insomnia. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Due to a lack of documentation regarding its efficacy, the request for continuation of Trazodone IS NOT medically necessary.

Paroxetine 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Selective Serotonin Reuptake Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter under Paroxetine-Paxil, Antidepressants for treatment of MDD.

Decision rationale: Based on the 7/8/15 progress report provided by the treating physician, this patient presents with chronic spine pain and chronic right wrist pain. The treater has asked for Paroxetine 10mg #90 with 3 refills on 7/8/15. The patient's diagnosis per request for authorization dated 8/4/15 is chronic pain. The patient states that Norco approximately 4 tablets per day gives her enough pain control to stay active but still has significant pain per 7/8/15

report. The patient takes Trazadone and Paroxetine, to help with insomnia and depression associated with chronic pain, and pays for all of her medications out of pocket per 7/8/15 report. The patient has no changes to her condition or surgical history per 7/8/15 report. The patient's work status is not included in the provided documentation. ODG, Mental Chapter under Paroxetine-Paxil, Antidepressants for treatment of MDD, states: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. The treater does not discuss this request in the reports provided. Paxil was prescribed to the patient at least since March 2014; per utilization review letter dated 8/18/15. The same utilization review letter denies Paxil due to lack of evidence patient has a psychiatric evaluation for ongoing depressive symptoms. The only provided report dated 7/8/15 does not include a specific discussion about the efficacy of Paxil in relation to patient's depression associated with chronic pain. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Due to a lack of documentation regarding its efficacy, the request for continuation of Paxil IS NOT medically necessary.