

Case Number:	CM15-0168454		
Date Assigned:	09/09/2015	Date of Injury:	08/17/2002
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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 50-year-old female who sustained an industrial injury on August 17, 2002 resulting in neck pain. Diagnoses have included C4-6 Disc Degeneration, Spondylosis C-3-C6, Cervical Radiculopathy, and bilateral shoulder impingement syndrome. Documented treatment includes acupuncture, aquatic therapy, massage therapy and biofeedback with good results; physical therapy which was not helpful; three cervical epidural injections with relief from the first but not the last two; and, trigger point injections. Dates and details of these treatments are not provided in the medical record. Past medications have included Tylenol No. 4, Norco, Soma, Percocet, Celebrex, and unspecified anti-inflammatories, all with either loss of efficacy or unwanted side effects. Recent medications include MS Contin, Trazodone, Zoloft, Imitrex, and Omeprazole which are stated to be effective and that without them she would "have significant difficulty tolerating even routine activities of daily living." The physician states "no aberrant drug behaviors and she uses the medications as prescribed" which is supported by a provided Urine toxicology review February 2, 2015. The injured worker has signed a treatment contract. She is presently not working and on disability. The treating physician's plan of care includes requests on July 15, 2015, and August 6, 2014 for Trazodone 150 mg, Zoloft 100 mg, and MS Contin 15 mg. but they have been denied due to no documentation of it providing functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg 1 tab PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress/mental chapter under Trazodone.

Decision rationale: The 50 year old patient complains of neck pain radiating to bilateral upper extremities, rated at 9/10, along with numbness and weakness, as per progress report dated 07/15/15. The request is for TRAZODONE 150mg 1 TAB PO QHS #30. The RFA for this case is dated 07/15/15, and the patient's date of injury is 08/17/02. The patient is also experiencing difficulty sleeping, hallucinations and headaches, as per progress report dated 07/15/15. The patient is status post right knee arthroscopy in 2010. Diagnoses included C4-6 cervical degeneration, C3-6 spondylosis, cervical radiculopathy, and bilateral shoulder impingement syndrome. Medications included Trazodone, Imitrex, Zolofl, MS Contin and Omeprazole. The patient is on Social Security disability, as per the same progress report. ODG Guidelines stress/mental chapter under Trazodone has the following to say "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." In this case, a prescription for Trazodone is first noted in progress report dated 07/26/13. While it appears that the patient has been taking the medication consistently since then, it is not clear when Trazodone was initiated. The patient does suffer from chronic pain and sleep issues, as per progress report dated 07/15/15. As per the report, the patient is tearful and upset. The treater also states she is unable to sleep, is confused and got lost on way to our office. However, the treater does not document the efficacy of Trazodone which the patient has been on or tried back in 2013. Additionally, there is no documentation of coexisting depression for which Trazodone is indicated per ODG. Hence, the request IS NOT medically necessary.

Zolofl 100mg 1tab PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter under Sertraline (Zolofl).

Decision rationale: The 50 year old patient complains of neck pain radiating to bilateral upper extremities, rated at 9/10, along with numbness and weakness, as per progress report dated 07/15/15. The request is for ZOLOFT 100mg 1TAB PO QD #30. The RFA for this case is dated 07/15/15, and the patient's date of injury is 08/17/02. The patient is also experiencing difficulty

sleeping, hallucinations and headaches, as per progress report dated 07/15/15. The patient is status post right knee arthroscopy in 2010. Diagnoses included C4-6 cervical degeneration, C3-6 spondylosis, cervical radiculopathy, and bilateral shoulder impingement syndrome. Medications included Trazodone, Imitrex, Zoloft, MS Contin and Omeprazole. The patient is on Social Security disability, as per the same progress report. ODG guidelines, Mental illness and stress chapter under Sertraline (Zoloft) state: Recommended as a first-line treatment option for MDD and PTSD. In this case, a prescription for Zoloft is first noted in progress report dated 07/26/13. While it appears that the patient has been taking the medication consistently since then, it is not clear when Zoloft was initiated. As per progress report dated 07/15/15, the patient is tearful and upset. The treater, however, does not document efficacy of this medication. Additionally, there is no diagnosis of MDD or PTSD for which Zoloft is indicated. The request IS NOT medically necessary.

MS Contin 15mg 1 tab PO BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The 50 year old patient complains of neck pain radiating to bilateral upper extremities, rated at 9/10, along with numbness and weakness, as per progress report dated 07/15/15. The request is for MS CONTIN 15mg 1 TAB PO BID #60. The RFA for this case is dated 07/15/15, and the patient's date of injury is 08/17/02. The patient is also experiencing difficulty sleeping, hallucinations and headaches, as per progress report dated 07/15/15. The patient is status post right knee arthroscopy in 2010. Diagnoses included C4-6 cervical degeneration, C3-6 spondylosis, cervical radiculopathy, and bilateral shoulder impingement syndrome. Medications included Trazodone, Imitrex, Zoloft, MS Contin and Omeprazole. The patient is on Social Security disability, as per the same progress report. 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." In this case, a prescription for MS Contin is first noted in progress report dated 07/26/13. While it appears that the patient has been taking the medication consistently since then, it is not clear when MS Contin was initiated. Medications help reduce pain from 9-10/10 to 5-6/10, as per progress report dated 07/15/15. The treater states her pain is decreased and her function is

improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. The patient is taking the lowest possible dose without any side effects. There is no aberrant behavior or misuse. As per progress report dated 05/21/15, medications help the patient walk, sit, stand and sustain activity for longer periods of time. Without the medication, she would not be able to participate in her therapeutic exercises and would take significantly longer time to perform even small household tasks. In the same report, the treater also states that the medications are helping the patient avoid surgery. An UDS report, dated 02/02/15, is consistent. MTUS requires a clear documentation regarding impact of opioids on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Given the documentation of efficacy, the request appears reasonable and IS medically necessary.