

Case Number:	CM15-0169135		
Date Assigned:	09/09/2015	Date of Injury:	02/21/1997
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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

Certification(s)/Specialty: Emergency Medicine

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 02-21-1997. Diagnoses include chronic bilateral shoulder pain and chronic bilateral knee pain. A physician progress note dated 06-24-2015 documents the injured worker complains of the same pain in his shoulders and knees and medications are keeping his pain tolerable and allowing him to sleep at night. A refill of his medications Trazadone and Norco were requested and were non-certified by the Utilization Review. A physician progress note dated 08-14-2015 documents the injured worker's pain is the same and his medications are keeping his pain tolerable and allowing him to sleep at night. His bilateral shoulders reveal decreased range of motion with tenderness to palpation. His bilateral knees show decreased range of motion with tenderness to palpation. A physician progress note dated 01-06-2015 documents the injured worker had no relief with the use of Gabapentin and Cymbalta. He has been on Norco and Trazadone since November of 2014. No urine drug screens were found in documentation submitted for review. Documented treatment to date has included medications. On 08-21-2015 the Utilization Review non-certified the request for Trazadone 50mg #30 with one refill, one PO at hs, because there was no documentation of failure of conservative sleep care or supporting long-term use. On 08-21-2015 the Utilization Review non-certified the request for Norco 10/325mg #60, one po q 6hr, prn as there was no documentation of pain reduction, functional improvement, side effects, aberrant behavior and urine drug screening and it was previously non-certified for the same reasoning in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, one PO q6h, prn: 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): Opioids, criteria for use.

Decision rationale: The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, while there is documentation of an improvement in pain with the use of opioids, there is no clear pain reduction, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. There is no clear functional improvement. There is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Therefore, the request as written is not medically necessary.

Trazadone 50mg #30 with one refill, one PO qhs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazadone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone.

Decision rationale: The request is for trazodone, which is a tetracyclic antidepressant used to treat depression and anxiety disorders. According to the MTUS, antidepressants are 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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Regarding the injured worker, there is no clear documentation of neuropathic pain. According to the Official Disability Guidelines, trazodone is considered an option for primary insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Regarding the injured worker, there is insufficient documentation to justify ongoing treatment with trazodone, criteria have not been met. The request is therefore not medically necessary.