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| Case Number: | CM15-0189604 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 03/13/2009 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 year old man who sustained an industrial injury on 3-13-2009. Diagnoses include lumbago, radicular syndrome, knee pain, and insomnia. Comorbid conditions include obesity (BMI 38.7). Treatment has included physical therapy, surgery (right L4-5 microdiscectomy in 10/2013), epidural steroid injection and medications [NOTE: medical record review showed increase in Norco dose from 7.5/325 three times/day to 10/325 four times per day in July 2015 due to loss of effective pain control). Lumbar MRI on 6/18/2015 showed shallow midline residual or recurrent disc protrusion of 3-4 mm at L4-5; minimally larger than on the prior examination but still not producing high-grade stenosis. Only the L4-5 disc showed degeneration, the other lumbar discs appeared well preserved. A physician note dated 9-4-2015 reported complaints of continued 4-6/10 low back pain with numbness in the right leg. The worker was using Voltaren gel with some benefit, Norco gave a 50% pain reduction and improved function for activities of daily living, and the Trazadone continued to improve sleep. The only side effect from the medication was mild constipation. The provider reviewed the pain contract with the patient. The physical examination showed tenderness to palpation of the lumbosacral spine, positive straight leg raise on the right, right knee pain with range of motion and without crepitus, tenderness to the medial border of the right patella and tibial plateau. Pulses were normal and equal, there was some decreased sensation noted in the L4 and L5 dermatomes and strength testing of the bilateral lower extremities was limited by pain. Recommendations included urine drug screen, Norco, Trazadone, spinal cord stimulator

following psychological clearance, Voltaren gel, and follow up in four weeks. Utilization Review denied requests for Trazadone and Norco on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Tricyclics.

Decision rationale: Trazodone is a tetracyclic antidepressant medication indicated for treatment of anxiety, depression and insomnia but which has also been shown effective for treatment of fibromyalgia, complex regional pain syndrome and chronic neuropathic pain. The MTUS describes use of antidepressants as an optional first line treatment for neuropathic pain with or without signs or symptoms of depression. This patient has neuropathic pain from lumbar degenerative disc disease and has difficulty sleeping due to pain. This medication has been used for at least 6 months and has been helpful. Continued use is still a viable therapeutic option. Medical necessity has been established. Therefore, the request is medically necessary.

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant

improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is good documentation that the provider is following the MTUS guidelines. The patient is taking a first-line chronic pain medication (trazadone), has noted improved function / less pain and lack of significant side effects with use of opioid medications, is regularly screening for aberrant drug-seeking behaviors and has reviewed the patient's pain contract. Although there has been a recent increase in the total dose of Norco, the total morphine equivalent dose for Norco is 40 mg/day, which is in compliance with the MTUS guidelines. Continued use of Norco at the present dose remains an option in therapy. Medical necessity for continued use of this medication has been established; the request is medically necessary.