

<b>Case Number:</b>	CM15-0192287		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/17/1996
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female with a date of injury on 1-17-96. A review of the medical records indicates that the injured worker has been undergoing treatment for chronic lower back pain. Progress report dated 7-7-15 reports continued complaints of lower back pain that radiates down the right leg. Lumbar injections provided minimal relief. She uses trazadone at night to help sleep. She reports that without trazadone she wakes up during the night with back pain. Objective findings: vital signs are within normal limits. She had a lumbar fusion in 1998 and ongoing treatment for chronic pain. Request for authorization was made for hydrocodone APAP 10-325 mg quantity 100 and trazadone HCL 50 mg quantity 60 with 2 refills. Utilization review dated 9-23-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg, #100 (per 7/7/15 order): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/7/15. Therefore, the determination is not medically necessary.

**Trazodone HCL 50mg, #60 with 2 refills (per 7/7/15 order):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**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.

**Decision rationale:** The CA MTUS/ ACOEM guidelines are silent regarding trazodone. The ODG-TWC, mental illness and stress chapter recommends Trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. In this case, the medical records do not document other psychiatric diagnoses, such as depression or anxiety. In addition, the records do not document failure of a trial of first line agent for insomnia. Therefore, according to the guidelines, the request is not medically necessary.