

<b>Case Number:</b>	CM15-0196746		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female who sustained an industrial fall injury on 10-29-2010. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral hip and lower back pain. The injured worker is status post left total hip revision in 04-2013 and right total hip revision with metal liner and ball in 09-2012. Initial bilateral total hip arthroplasties were performed prior to the date of injury. According to the treating physician's progress report on 09-11-2015, the injured worker continues to experience right hip pain reported at 10 out of 10 on the pain scale without medications. The injured worker reported she has been unable to fill her medications for the past 2 months and currently is not trying any other therapies for pain relief. Evaluation noted a normal gait without ambulatory devices. Examination of the lumbar spine demonstrated tenderness to palpation and spasm of the paravertebral muscles bilaterally. Range of motion was restricted with flexion limited to 30 degrees and extension to 15 degrees. Lumbar facet loading was positive bilaterally with negative straight leg raise testing. Both hips revealed restricted range of motion with flexion at 100 degrees, internal rotation at 15 degrees and external rotation at 30 degrees. Tenderness was noted over the trochanter. Faber test was positive. Motor strength of the hip flexors and hip abduction was 4 out of 5 bilaterally. Extensor hallucis longus muscle, ankle dorsi flexor, ankle plantar flexors, knee extensors and knee flexors were documented as 5 out of 5 bilaterally. Sensory was intact. Knee jerk and ankle jerk were 0 out of 4 bilaterally. Prior treatments have included diagnostic testing, surgery, greater trochanteric hip injections, sacroiliac (SI) injections, physical therapy, aquatic therapy and medications. Current medications were listed as Norco, MsContin, Ibuprofen, Trazodone, Lyrica,

and Amitiza. According to the progress note dated March 26, 2015 the injured worker has been on the same medication regimen for greater than six months. Urine drug screening was inconsistent for prescribed medications on 03-26-2015. According to the treating physician's progress report on 09-11-2015 this occurred due to denial of medications. A CURES report run on 07-26-2015 noted Norco from an emergency room visit. The injured worker was reminded of opioid policy agreement. Treatment plan consists of continuing medication regimen and the current request for Norco 10mg-325mg #90 with 1 refill, MsContin 15mg #60 with 1 refill, Trazodone 50mg #30 with 1 refill and Amitiza 24mcg #60. On 09-21-2105 the Utilization Review determined the requests for Norco 10mg-325mg #90 with 1 refill, MsContin 15mg #60 with 1 refill, Trazodone 50mg #30 with 1 refill and Amitiza 24mcg #60 were not certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. According to the progress note of 9/11/15, this worker was not taking prescribed opioid medications since they were not authorized. Progress notes for several months prior also report the same. During this time there was no indication of a trial of any non-opioid analgesic. The record stated she was not using any other therapies. The request is not medically necessary.

**MS Contin 15mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. According to the progress note of 9/11/15, this worker was not taking prescribed opioid medications since they were not authorized. Progress notes for several months prior also report the same. During this time there was no indication of a trial of any non-opioid analgesic. The record stated she was not using any other therapies. The request is not medically necessary.

**Trazodone 50mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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/Trazodone.

**Decision rationale:** According to the ODG, Trazodone is recommended as an option of insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is not recommended as a first line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. The medical record reports this workers insomnia is due to her pain. There is no report of depression or anxiety. The request is not medically necessary.

**Amitiza 24mcg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications/Lubiprostone (Amitiza).

**Decision rationale:** Amitiza is recommended only as a second line option for relief of opioid induced constipation. The available medical record does not indicate a trial of a first line treatment of opioid induced constipation. Furthermore, this worker is currently not taking opioids, so the treatment is not necessary.