

Case Number:	CM15-0197968		
Date Assigned:	10/13/2015	Date of Injury:	07/12/2006
Decision Date:	12/21/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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 63 year old female, who sustained an industrial injury on July 12, 2006. The injured worker was diagnosed as having status post bilateral total knee replacements with residuals with left greater than the right, persistent left knee pain, unchanged mechanical low back pain, and left knee bursitis. Treatment and diagnostic studies to date has included use of a cane, use of a walker, and medication regimen. In a progress note dated August 20, 2015 the treating physician reports "severe" bilateral knee pain with the left greater than the right that was noted to have increased secondary to a recent fall with the date not noted. The treating physician also noted complaints of "severe" pain to the low back. Examination performed on August 20, 2015 was revealing for decreased range of motion to the bilateral knees with pain, pain on palpation of the lateral left knee and the lateral bursa, and positive McMurray's testing on the left side. The injured worker's medication regimen on August 20, 2015 included Norco, Tizanidine, and Trazodone and noted that the use of these medications "improved her quality of life, help her for the most part get around a little better and function a little better", but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. The medical records provided did not indicate the start date of the above listed medications or the effects of the above listed medications on other examination dates. The progress note from August 20, 2015 did not indicate any symptoms of sleep disturbance or if the injured worker experienced any improvement in sleep secondary to the use of the medication Trazodone. The progress notes from August 20, 2015 did not include

documentation of the injured worker's sleep hygiene with regards to the injured worker's bedtime, use of relaxation activities, the avoidance of caffeine and nicotine, the avoidance of napping, the time of sleep onset, and the next day functioning. On August 20, 2015 the treating physician requested Norco 10-325mg 1 by mouth every 8 hours as needed for pain with a quantity of 90 with refills unspecified, Tizanidine 4mg 1 by mouth up to twice a day for with a quantity 60 with refill for muscle spasms, and Trazodone 50mg 2 by mouth daily for sleep with a quantity of 60 with refill. On September 08, 2015 the Utilization Review determined the requests for Norco 10-325mg 1 by mouth every 8 hours as needed for pain with a quantity of 90 with refills unspecified and Tizanidine 4mg 1 by mouth up to twice a day for with a quantity 60 with refill to be modified and the request for Trazodone 50mg 2 by mouth daily for sleep with a quantity of 60 with refill to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1PO q 8hrs prn pain #90 number of refills unspecified: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to the bilateral knees and low back. The patient is status post bilateral total knee replacement with residuals, more on the left, on unspecified date. The request is for Norco 10/325MG 1PO Q 8HRS PRN pain #90 number of refills unspecified. Patient's diagnosis per Request for Authorization form dated 08/31/15 includes lumbar spine sprain/strain, persistent left knee pain, and left knee bursitis. The patient ambulates with a cane or walker. Physical examination on 08/20/15 revealed decreased range of motion to the bilateral knees with pain, pain on palpation of the lateral left knee and the lateral bursa, and positive McMurray's testing on the left side. Patient's medications include Norco, Trazodone, and Tizanidine. Patient's work status not provided. 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." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it

"Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Norco has been included in patient's medications per progress report dated 08/20/15. It is not known when this medication was initiated. Per 08/20/15 report, treater states "this patient is managing to function as best as possible with her bilateral knee pain using the pharmacological program that has been established for her. It improves her quality of life, helps her mobility and decreases her pain." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Tizanidine 4mg 1PO up to x day #60 with refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to the bilateral knees and low back. The patient is status post bilateral total knee replacement with residuals, more on the left, on unspecified date. The request is for Tizanidine 4MG 1PO up to x day #60 with refill. Patient's diagnosis per Request for Authorization form dated 08/31/15 includes lumbar spine sprain/strain, persistent left knee pain, and left knee bursitis. The patient ambulates with a cane or walker. Physical examination on 08/20/15 revealed decreased range of motion to the bilateral knees with pain, pain on palpation of the lateral left knee and the lateral bursa, and positive McMurray's testing on the left side. Patient's medications include Norco, Trazodone, and Tizanidine. Patient's work status not provided. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Antispasticity/Antispasmodic drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Tizanidine (Zanaflex) has been included in patient's medications per progress report dated 08/20/15. It is not known when this medication was initiated. Per 08/20/15 report, treater states "this patient is managing to function as best as possible with her bilateral knee pain using the pharmacological program that has been established for her. It improves her quality of life, helps her mobility and decreases her pain." Given the patient's chronic pain and documented improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Trazodone 50mg 2 PO qd for sleep #60 with refill: Upheld

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

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

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to the bilateral knees and low back. The patient is status post bilateral total knee replacement with residuals, more on the left, on unspecified date. The request is for Trazodone 50MG 2 PO QD for sleep #60 with refill. Patient's diagnosis per Request for Authorization form dated 08/31/15 includes lumbar spine sprain/strain, persistent left knee pain, and left knee bursitis. The patient ambulates with a cane or walker. Physical examination on 08/20/15 revealed decreased range of motion to the bilateral knees with pain, pain on palpation of the lateral left knee and the lateral bursa, and positive McMurray's testing on the left side. Patient's medications include Norco, Trazodone, and Tizanidine. Patient's work status not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 13-15, Antidepressants for chronic pain section states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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." ODG Guidelines, Pain Chapter, under Insomnia has the following regarding Amitriptyline: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. Trazodone has been included in patient's medications per progress report dated 08/20/15. It is not known when this medication was initiated. Per 08/20/15 report, treater states "this patient is managing to function as best as possible with her bilateral knee pain using the pharmacological program that has been established for her. It improves her quality of life, helps her mobility and decreases her pain." Trazodone is supported as an antidepressant for treatment of insomnia when there is depression and chronic pain. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. In this case, none of the progress reports discuss the patient's insomnia or concurrent depression. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.