

<b>Case Number:</b>	CM15-0201740		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/11/2002
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Texas, New York, 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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 11, 2002. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for trazodone, Xanax, and timolol. The claims administrator referenced an RFA form received on October 2, 2015 and an associated progress note dated September 21, 2015 in its determination. The claims administrator contended that the attending provider had failed to identify a diagnosis for which usage of timolol would be appropriate. The applicant's attorney subsequently appealed. On September 21, 2015, the applicant reported ongoing complaints of low back, left leg, and foot pain. The applicant had also developed derivative complaints of depression, the treating provider acknowledged. Highly variable 4-8/10 pain complaints were reported. activities of daily living as basic as sitting, standing, walking, carrying, pushing, pulling, twisting, turning, and lifting all remained problematic, the treating provider reported. The applicant's medications included timolol, Abilify, Pristiq, trazodone, Xanax, Norco, and NicoDerm patches, it was reported, several of which were renewed and/or continued. The applicant was described as having had multiple unspecified eye surgeries. The stated diagnoses were lumbar radiculopathy, displacement of lumbar intervertebral disk, and chronic pain syndrome. It was not explicitly stated for what issue or purpose timolol had been prescribed and/or whether or not ongoing usage of timolol was or was not effective. The applicant's work status was not explicitly stated. It was suggested that the applicant was using trazodone at bedtime, although it was not explicitly stated whether trazodone was being employed for sleep, chronic pain, or depressive issues.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One (1) prescription of Trazodone HCL 50mg #60 with 2 refills: 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), Mental Illness & Stress Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and 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 (Desyrel).

**Decision rationale:** No, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone may be helpful in alleviating symptoms of depression, as were seemingly present here, while page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone can be employed for neuropathic pain purposes, and while ODG's Mental Illness and Stress Chapter Trazodone topic acknowledge that trazodone or Desyrel can be employed for insomnia purposes in applicants with insomnia with associated comorbid anxiety and depression, all of which were seemingly present here, all of these recommendations are qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, no seeming discussion of medication efficacy transpired on September 21, 2015. It was not clearly stated whether trazodone was being employed for pain, depression, anxiety, insomnia, or some combination of the various symptoms present on or around the date in question. It was not stated whether or not ongoing usage of trazodone had or had not proven effective in ameliorating the same. No seeming discussion of medication efficacy transpired insofar as trazodone was concerned on that date. Therefore, the request was not medically necessary.

### **One (1) prescription of Xanax 2mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Alprazolam (Xanax).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the September 21, 2015 office visit framed the request for Xanax a renewal or extension request for the same. It was suggested that the applicant was using Xanax as frequently as 4 times daily for anxiolytic effect purposes, i.e., in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

**One (1) prescription of Timolol 10mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/timolol-maleate?druglabelid=1986> Timolol Maleate (timolol maleate) - Drug Summary ADULT DOSAGE & INDICATIONS Hypertension Initial: 10mg bid Titrate: May increase or decrease dose depending on HR and BP response; wait for an interval of at least 7 days between dose increases Maint: 20-40mg/day Max: 60mg/day in 2 divided doses May be used with a thiazide diuretic or other antihypertensive agents Myocardial Infarction Long-Term Prophylactic Use: Usual: 10mg bid Migraine Initial: 10mg bid Titrate: May increase total daily dosage to max dose of 30mg or decrease to 10mg qd, depending on clinical response and tolerability Maint: 20mg/day; may be administered as a single dose Max: 30mg/day in divided doses D/C if satisfactory response is not obtained after 6-8 weeks with max dose.

**Decision rationale:** Finally, the request for timolol was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While the Physician's Desk Reference (PDR) does acknowledge that timolol can be employed for a variety of purposes, including for hypertension, myocardial infarction, and for migraine headache prophylaxis purposes, here, as with the request for trazodone, the attending provider's September 21, 2015 office visit failed to clearly state for what issue, diagnosis, and/or purpose timolol had been prescribed. It was not stated whether or not timolol was being employed for hypertension, status post myocardial infarction, for migraine headache prophylaxis, or for some other purpose altogether, and/or whether or not ongoing usage of timolol had or had not proven effective for whatever purpose it was being employed. Therefore, the request was not medically necessary.