

<b>Case Number:</b>	CM15-0209927		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 57 year old female who sustained an industrial injury on 8-23-09. The injured worker reported pain in the neck and left upper extremity. A review of the medical records indicates that the injured worker is undergoing treatments for cervical degenerative disc disease, thoracic pain and chronic low back pain. Medical records dated 9-30-15 indicates the injured worker "continues to struggle with pain levels." Provider documentation dated 9-30-15 noted the work status as permanent and stationary. Treatment has included status post shoulder surgery, magnetic resonance imaging, Norco since September of 2015, Trazodone since at least January of 2015, Percocet since at least January of 2015, and Ibuprofen since at least January of 2015. Objective findings dated 9-30-15 were notable for "tenderness throughout her cervical, thoracic, and lumbar paraspinal muscles" with noted use of a front wheeled walker. The treating physician indicates that the urine drug testing result (4-1-15) showed no aberration. The original utilization review (10-20-15) denied a request for 1 prescription for Norco 10-325mg #180 between 09-30-2015 and 12-15-2015, 1 prescription for Norco 10-325mg #180 between 10-30-2015 and 12-15-2015 and 1 prescription for Trazodone 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 10/325mg #180 between 09/30/2015 and 12/15/2015: 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): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive neurological deterioration. The 1 prescription for Norco 10/325mg #180 between 09/30/2015 and 12/15/2015 is not medically necessary and appropriate.

**1 prescription for Norco 10/325mg #180 between 10/30/2015 and 12/15/2015: 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): Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities or decreased in medical utilization. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive neurological

deterioration. The 1 prescription for Norco 10/325mg #180 between 10/30/2015 and 12/15/2015 is not medically necessary and appropriate.

**1 prescription for Trazodone 50mg #120: 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): Antidepressants for chronic pain.

**Decision rationale:** Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. There are no evidence-based studies showing indication or efficacy for treatment of trazodone in insomnia. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic 2009 injury. The 1 prescription for Trazodone 50mg #120 is not medically necessary and appropriate.