

Case Number:	CM15-0022136		
Date Assigned:	02/11/2015	Date of Injury:	04/14/2008
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/05/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 injured worker is a 70 year old male, who sustained an industrial injury on 4/14/08. He has reported low back injury after he tried to find a water pipe and used a pick and twisted his back. The diagnoses have included lumbar spinal stenosis and osteoarthritis in right hip. Treatment to date has included medications, diagnostics, and conservative treatment. Currently, the injured worker complains of mid lower spine pain that radiates to the right thigh and calf. The pain is rated 6-7/10 and with pain medication it decreases to 3-4/10. The pain is aggravated by movements of lifting, bending, twisting, pushing and pulling. He states that the pain medications allow him to participate in activities of daily living (ADL's) more and sleep better and is able to function 40 percent more with medication than without. Physical exam revealed normal gait, pain with palpation over the lumbar spine and limited range of motion with extension and lateral bending. Treatment was medications. On 1/8/15 Utilization Review non-certified a request for Hydrocodone acetaminophen 7.5/325 mg, 100 count, Trazodone HCL 100 mg, sixty count, and Zoloft 50 mg, sixty count, noting that regarding the Hydrocodone acetaminophen 7.5/325 mg use is not indicated at this time and no further allowance for weaning appears warranted. Regarding Trazodone HCL 100 mg, the physician noted that this medication was not recommended by the guidelines as first line treatment for insomnia and weaning does not appear necessary. Regarding the Zoloft 50 mg, sixty count, the physician noted that use of this medication for chronic low back pain is not indicated per the guidelines. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone acetaminophen 7.5/325 mg, 100 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 51, 74-75.

Decision rationale: Per MTUS: Hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). See Opioids. Pure-agonists: include natural and synthetic opioids such as morphine sulfate (MS Contin), Hydromorphone (Dilaudid), oxycodone (Numorphan), Levorphanol (Levo-Dromoran), codeine (Tylenol w/Codeine 3), Hydrocodone (Vicodin), Oxycodone (Oxycontin), methadone (Dolophine HCl), and Fentanyl (Duragesic). This group of opioids does not have a ceiling effect for their analgesic efficacy nor do they antagonize (reverse) the effects of other pure opioids. (Baumann, 2002) Morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of shortacting agents due to their adverse effects. The duration of action is generally 3-4 hours. Shortacting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002). This patient had chronic pain issues and should be weaned off this opiate which is recommended for short term usage. It would not be indicated.

Trazodone HCL 100 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation odg sedating antidepressants

Decision rationale: MTUS does not specifically address this medication. Per Per ODG guidelines, sedating antidepressants, such as trazodone, have been used to treat insomnia however, there is less evidence to support their use for insomnia (Buscemi, 2007), but they may be an option in patients with coexisting depression (Morin 2007). Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness and headache. Improvements in sleep onset may be offset by negative

next day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The patient had poor quality of sleep and was prescribed Trazodone. It would be medically indicated.

Zoloft 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 107.

Decision rationale: Per MTUS: SSRIs (selective serotonin reuptake inhibitors) Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. As per guidelines, this medication would not be indicated.