

<b>Case Number:</b>	CM15-0218976		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	07/06/2014
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Texas, Illinois

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 injured worker is a 55 year old male who sustained an industrial injury on 7-6-2014. A review of medical records indicates the injured worker is being treated for femoral neuropathy, left groin pain, and spasticity. Medical records dated 10-9-2015 noted pain a 5.5 out of 10. Pain has worsened since the last visit. Physical examination noted he was in a wheelchair and was anxious. Treatment has included Norco since at least 7-14-2015 and Trazodone since at least 10-9-2015. Utilization review form dated 10-16-2015 modified Trazodone 100mg #30 and noncertified Norco 10-325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg, #30 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) Trazodone.

**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 & Stress Insomnia treatment.

**Decision rationale:** The injured worker sustained a work related injury on 7-6-2014. The medical records provided indicate the diagnosis of femoral neuropathy, left groin pain, and spasticity. Treatments have included Norco since at least 7-14-2015 and Trazodone since at least 10-9-2015. The medical records provided for review do not indicate a medical necessity for Trazodone 100mg, #30 with 2 refills. Trazodone (Desyrel). The MTUS is silent on it, but the Official Disability Guidelines states that it is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment. The medical records of 10/20/2015 indicate the medication has not been helping with sleep. Also, the Official Disability Guidelines does not recommend pharmacologic treatment of insomnia beyond 7 to 10 days. The request is not medically necessary.

**Norco 10/325mg (no qty listed on RFA): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 7-6-2014. The medical records provided indicate the diagnosis of femoral neuropathy, left groin pain, and spasticity. Treatments have included Norco since at least 7-14-2015 and Trazodone since at least 10-9-2015. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg (no qty listed on RFA). The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication with no overall improvement, as defined by the MTUS. The request is not medically necessary.