

Case Number:	CM15-0038354		
Date Assigned:	03/09/2015	Date of Injury:	10/08/2008
Decision Date:	04/10/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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 52-year-old male who sustained an industrial injury on 10/8/08. Currently he complains of aching pain in the neck, low back pain with radicular symptoms. His pain intensity is 8/10 without medications and 3/10 with medications. Of note, he recently fell and his back symptoms flared due to the fall. Medications include Percocet, tramadol, Cymbalta, Celebrex and trazadone which offer good relief. His medications allow him to be functional with activities of daily living. Diagnoses are status post anterior L3-4 inter-body fusion for internal disc derangement; low back pain; lumbar degenerative disc disease; lumbar radiculopathy; lumbar post laminectomy pain syndrome; thoracic spine fracture; chronic pain syndrome. Treatments to date include physical therapy, medication, ice, heat and psychotherapy. Diagnostics include x-ray of the lumbar spine 8/11/14. In the progress note dated 2/11/15 the treating provider requested trazadone and indicated that it is effective for sleep and Percocet relieves the injured workers pain, it was denied and recent urine toxicology (11/17/14) was consistent with medications prescribed. The treating physician felt that the injured worker requires opioids as his pain is a combination of nociceptive pain and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 75, 124.

Decision rationale: Per MTUS: 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 short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting 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) Oxycodone/acetaminophen (Percocet; generic available): Side Effects: See opioid side effects and acetaminophen. Analgesic dose: Dosage based on oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg PO every 4 to 6 hours prn. Note: Maximum daily dose is based on acetaminophen content (Maximum 4000mg/day). For more severe pain the dose (based on oxycodone) is 10-30mg every 4 to 6 hours prn pain. Dose should be reduced in patients with severe liver disease. This medication would be indicated for short term usage. A process of weaning should be initiated as long-term usage of this medication would not be indicated.

Trazodone 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

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 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.