

Case Number:	CM15-0039240		
Date Assigned:	03/09/2015	Date of Injury:	11/21/2002
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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(n) 39 year old male, who sustained an industrial injury on 11/21/02. He reported pain in the right knee. The injured worker was diagnosed as having complex regional pain syndrome, depression and right knee pain. Treatment to date has included knee surgery and pain medications. On 9/18/14, the injured worker reported right knee pain that is 10/10 at the worst and 2/10 with medications. He indicated that his depression is stable on current anti-depressant medications. The treating physician noted swelling and tenderness in the right knee and requested to continue current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg #180 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trazodone.

Decision rationale: Recommended as an option for insomnia, only for injured workers with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in injured workers with coexisting depression. Evidence for the off-label use of trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed injured workers. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. The patient does have comorbid depression and has failed first line measure. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.

Lyrica 100mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Suboxone 2mg 0.5mg #360 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Buprenorphine.

Decision rationale: According to the ODG, Buprenorphine is recommended as an option for treatment of chronic pain (consensus based) in selected injured workers (not first-line for all injured workers). Suggested populations: (1) Injured workers with a hyperalgesic component to pain; (2) Injured workers with centrally mediated pain; (3) Injured workers with neuropathic pain; (4) Injured workers at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in injured workers who have previously been detoxified from other high-dose opioids. According to the documents available for review, the injured worker has indications for the use of buprenorphine. There is no indication in the records however why the Suboxone

formulation of buprenorphine would be medically necessary. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Viibryd 40mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Packet Insert for Viibrd.

Decision rationale: According to the documents available for review, the patient has a documented history of depression. The documents indicate the depression is stable on current medication. There appears to be no reason why the patient should not be maintained on this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.