

Case Number:	CM15-0049210		
Date Assigned:	03/23/2015	Date of Injury:	07/31/2003
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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 59 year old female, who sustained an industrial injury on July 31, 2003. She reported injury of the neck, low back, and left shoulder. The injured worker was diagnosed as having status post cervical fusion; status post left shoulder surgery, right shoulder sprain/strain, bilateral carpal tunnel syndrome, and lumbar spine sprain/strain. Treatment to date has included left shoulder surgery, cervical spine surgery, medications, acupuncture, injections. On February 20, 2015, she was seen for pain flare. She indicates her low back pain has increased and she is experiencing pain the buttocks and thighs. She has continued left shoulder pain and gained a 60-70% improvement in pain following a left shoulder subacromial joint injection. The treatment plan includes: request for an adjustable bed, continuation of Norco 10/325mg, Trazodone 100mg, repeat laboratory evaluations, and re-evaluation in one month. The request for Trazadone 100mg, an adjustable bed purchase, and random urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Trazodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The patient presents with increased low back, buttocks, and thighs pain rated 6-8/10 with the use of medications. The request is for TRAZADONE 100MG #30. The RFA provided is dated 02/25/15. Patient's diagnosis included status post cervical fusion; status post left shoulder surgery, right shoulder sprain/strain, bilateral carpal tunnel syndrome, and lumbar spine sprain/strain. Concomitant medications included Norco. The patient states that she is unable to tolerate oral anti-inflammatories due to history of severe gastritis. The patient also has great difficulty with insomnia due to the pain in her neck and low back pain. She is unable to lie flat. Mentally, she states she remains symptomatic with depression. The reports do not reflect whether or not the patient is working. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." Trazodone is being used for neuropathic pain and was first noted in the progress report dated 08/27/14. Per progress report dated 02/20/15, the patient notes 30-40% improvement in pain and function with current medication regimen. She notes improved ability to perform her activities of daily living such as shopping for groceries, cooking, light housekeeping and household chores, improved ability to ambulate and play with her grandchildren. She has signed an opioid contract and remains compliant with those terms. There is no evidence of drug seeking behavior. The patient presents with insomnia and has also been diagnosed with depression. Trazodone is supported as an antidepressant for treatment of insomnia when there is depression and chronic pain. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. There is documentation of efficacy and functional improvements with the use of this medication. Hence, this request IS medically necessary.

Durable medical equipment (DME) adjustable bed purchase: 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-TWC), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, Mattress selection Knee & Leg Chapter, Under Durable Medical Equipment.

Decision rationale: The patient presents with increased low back, buttocks, and thighs pain rated 6-8/10 with the use of medications. The request is for DURABLE MEDICAL EQUIPMENT (DME) ADJUSTABLE BED PURCHASE. The RFA provided is dated 02/25/15. Patient's diagnosis included status post cervical fusion; status post left shoulder surgery, right shoulder sprain/strain, bilateral carpal tunnel syndrome, and lumbar spine sprain/strain. Concomitant medications included Norco. The patient states that she is unable to tolerate oral anti-inflammatories due to history of severe gastritis. The patient also has great difficulty with insomnia due to the pain in her neck and low back pain. She is unable to lie flat. Mentally, she states she remains symptomatic with depression. The reports do not reflect whether or not the patient is working. MTUS and ACOEM are silent on beds. ODG does provide some guidance in the Low Back chapter, Mattress selection, that states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, the treater has requested an adjustable bed to improve the patient's sleep as the patient is unable to lie flat. There is lack of support from the guidelines for purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request IS NOT medically necessary.

Random urine drug screens #4 annually: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with increased low back, buttocks, and thighs pain rated 6-8/10 with the use of medications. The request is for RANDOM URINE DRUG SCREEN #4 ANNUALLY. The RFA provided is dated 02/25/15. Patient's diagnosis included status post cervical fusion; status post left shoulder surgery, right shoulder sprain/strain, bilateral carpal tunnel syndrome, and lumbar spine sprain/strain. Concomitant medications included Norco. The patient states that she is unable to tolerate oral anti-inflammatories due to history of severe gastritis. The patient also has great difficulty with insomnia due to the pain in her neck and low back pain. She is unable to lie flat. Mentally, she states she remains symptomatic with depression. The reports do not reflect whether or not the patient is working. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43: Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends

once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. According to the only toxicology report provided dated 10/24/14, urine drug screening was not consistent with the prescribed medications; results were positive for Morphine which reportedly was not expected with prescribed medications. Given the patient's opiate regimen (Norco) and continued use of Trazadone, a UDS would be appropriate; however, the request for 4 UDSs annually is not in accordance with the guidelines. Treater has stated that there is no evidence of drug seeking behavior, hence classifying the patient as low risk. ODG recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. Therefore, this request IS NOT medically necessary.