

<b>Case Number:</b>	CM15-0073997		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/12/2001
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Arizona

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 62-year-old male who sustained a work related injury July 12, 2001. Past history-included hypertension, fibromyalgia, severe herniation of the abdomen, and discogenic disc disease of the cervical and lumbar spine, s/p right knee arthroscopy x 2 with partial meniscectomies and received Visco supplementation and intermittent corticosteroid injections, right knee, for advanced arthrosis, s/p right total knee arthroplasty October 2014. According to a new patient physician's report dated March 2, 2015, the injured worker presented with multiple pain issues. There is right knee pain and swelling consistent with post arthroplasty arthrofibrosis. He also complains of chronic low back and neck pain. He responds well to Oxycontin for baseline pain and Percocet for breakthrough pain. He had been treated for axial neck pain with cervical radiofrequency neurotomy with over 12 months of significant relief and would like to repeat the procedure. Diagnoses are chronic low back pain, chronic neck pain, and chronic knee pain. Treatment plan included emphasis on compliance with opioid contract, continue home exercise program and request for authorization for Lyrica, Oxycontin, Percocet, Trazodone Hydrochloride, Wellbutrin SR, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone HCL 150mg #30 x 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, Mental Illness and Stress.

**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 and Stress Chapter.

**Decision rationale:** According to the ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is no mention of severe depression or insomnia, nor is there mention of how the Trazodone has helped alleviate such symptoms. Without supportive documentation, this request cannot be medically necessary at this time.

**Percocet 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management of pain with opiates.

**Decision rationale:** According to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. There is no mention of the 4 A's as it pertains to the injured workers' opiate therapy. This request is not medically necessary.

**Oxycontin 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. There is no mention of the 4 A's as it pertains to the injured workers' opiate therapy. This request is not medically necessary.

**Wellbutrin SR 150mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness Chapter.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, Wellbutrin is considered a second line option for the treatment of chronic pain. The ODG identifies documentation of depression, as criteria necessary to support the medical necessity of any antidepressant. There is lack of documentation supporting that Wellbutrin is superior to a first line agent for chronic pain, that the patient has depression, which is significantly improved with Wellbutrin, to justify this request. Without supporting documentation, this request cannot be medically necessary at present time.

**Lyrica 225mg #30 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

**Decision rationale:** According to the California MTUS guidelines, Lyrica is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of painful diabetic neuropathy, and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is also recommended for treatment of fibromyalgia. There is no clear documentation of Fibromyalgia, nor is there mention that Lyrica is helping to alleviate neuropathic pain significantly to warrant this request with multiple refills. This also does not allow for re-assessment of pain with use of Lyrica after a month period. At this time, this request is not medically necessary.

**Physical therapy sessions x 24:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. There is no mention of the body part that is to be treated with PT. Also, 24 sessions far exceeds guideline recommendations. This request is not medically necessary at this time.