

<b>Case Number:</b>	CM15-0081768		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, New York, California  
 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 applicant is a represented 52-year-old who has filed a claim for chronic elbow, shoulder, and low back pain reportedly associated with an industrial injury of July 16, 2010. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for Zoloft, trazodone, Lidoderm patches, and senna. The claims administrator referenced a RFA form of April 14, 2015 and associated progress note of April 17, 2015 in its determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complaints of wrist, shoulder, and low back pain with derivative complaints of depression, anxiety, and insomnia. The attending provider stated, somewhat circuitously, that the applicant's sleep disturbance had, to some extent, been ameliorated through trazodone usage. The applicant was still having issues with constipation, it was suggested. Senna was provided for the same. The applicant was using a cane to move about. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated. On January 7, 2015, it was stated that the applicant was still struggling with depression. The applicant had not had any opioid agents in two years owing to an allegedly abnormal previous urine drug screen. The applicant was given a prescription for Suboxone on this date. The applicant's medication list included Zoloft, Desyrel, senna, and Lidoderm patches, it was reported. Permanent work restrictions and a psychiatric consultation were again endorsed. In a December 10, 2014 progress note, the applicant reported 8-9/10 low back pain complaints. The applicant was struggling with his pain complaints. The applicant was using Zoloft for depression. The attending provider stated that Zoloft was helpful

in terms of augmenting the applicant's mood and ameliorating the applicant that he get up out of bed and do some minimal chores. The applicant's medication list included Zoloft, Desyrel, senna, Lidoderm, Voltaren, and Neurontin, it was acknowledged. Permanent work restrictions were renewed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Trazodone 100mg, #60, 3 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Yes, the request for trazodone, an atypical antidepressant, was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as trazodone may be helpful to alleviate symptoms of depression as were/are present here. Here, the attending provider's documentation and progress notes of December 10, 2014 and April 7, 2015 did state, albeit incompletely that ongoing usage of Zoloft and trazodone, in combination, had augmented the applicant's mood and ameliorated the applicant's sleep. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

#### **Lidoderm Patch 5%, #60, 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Conversely, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Lidoderm usage. 8-9/10 pain complaint was reported, despite ongoing Lidoderm patch usage. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications, including Suboxone, Desyrel, etc. All of the foregoing, taken together, suggested a lack of functional

improvement as defined in MTUS 9792.20e, despite ongoing Lidoderm usage. Therefore, the request was not medically necessary.

**Senokot-S #90, 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Conversely, the request for Senokot, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was apparently using an opioid agent, Suboxone, and had apparently developed issues with constipation associated with the same. Usage of senna, thus, was indicated to combat the same. Therefore, the request was medically necessary.

**Zoloft 100mg, #60, 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14, 107.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Finally, the request for Zoloft, an SSRI antidepressant, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 15, page 402 notes that antidepressants such as Zoloft may be helpful to alleviate symptoms of depression, as were/are present here. The attending provider's progress notes of April 7, 2015 and December 10, 2014, taken together, did (admittedly incompletely and circuitously) suggest that ongoing usage of Zoloft, coupled with trazodone, had augmented the applicant's mood and ameliorated the applicant's sleep. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.