

<b>Case Number:</b>	CM15-0088366		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/17/2002
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Pennsylvania  
 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 50-year-old female who sustained an industrial injury on 8/17/02. The diagnoses have included spinal stenosis in cervical region, cervical disc degeneration, bilateral shoulder impingement syndrome, depression, and headaches. Treatment to date has included epidural steroid injection, medication, physical therapy, psychological counseling, trigger point injections, acupuncture, aquatic therapy, massage therapy, biofeedback, steroid injections to the shoulder, and transcutaneous electrical nerve stimulation unit. Reports in from the primary treating orthopedist and a pain management consultant in 2014-2015 note ongoing neck and shoulder pain and headaches. Morphine, trazodone, and Zoloft were prescribed in July of 2013. Prior treatment of depression with counseling was discussed in the initial report from the primary treating physician from July 2013; depression and treatment of depression were not subsequently discussed. Imitrex was prescribed in February of 2014. Work status was noted as permanent and stationary. Opioid contract was discussed by the pain management consultant. A urine drug screen on 6/9/14 (at the date of an office visit) was negative for morphine, a prescribed medication; this finding was not addressed. A urine drug screen was performed on 1/29/15, the date of an office visit; full results were not submitted. In January 2015, 75% pain relief from epidural steroid injection was noted. Neck pain associated with headaches rated 6/10 in severity was noted. Medications included morphine, trazodone, Zoloft, and imitrex. On 4/23/15, the injured worker reported ongoing neck pain which radiates to both upper extremities. The effects of the last epidural steroid injection were noted to have begun to wear off, and increased use of pain medication was noted. Pain was rated 5-7/10 in severity with medications. Pain was

noted to interfere with rest and sleep. Current medications were listed as MS Contin, omeprazole, trazodone, and Zoloft. The current medication regimen was noted to relieve her pain enough for her to function adequately and participate in routine activities of daily living and care for herself and her home. Physical examination showed tenderness and guarding in the cervical paraspinal musculature, with decreased range of motion of the cervical spine. Morphine, Lidoderm, and voltaren gel were prescribed. On 5/1/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ODG, and PDR.

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

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

**Imitrex 100mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/sumavel-dosepro.html>.

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

**Decision rationale:** This injured worker was noted to have neck pain associated with headaches. Imitrex has been prescribed for more than one year. The treating physician has provided only the most minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. The MTUS does not address therapy for migraines. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. This medication is therefore not medically necessary.

**Ms Contin 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 81, 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic neck and shoulder pain. Morphine has been prescribed for more than one year, since at least July of 2013. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. Work status was noted as permanent and stationary, and return to work was not documented. No functional goals were discussed. An opioid contract was noted in templated language in the pain management notes; a signed contract was not submitted. Per the

MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of return to work, improvement in specific activities of daily living, or decrease in medication use. Office visits have continued at the same frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Medications as a group were noted to relieve pain enough to allow activities of daily living. Specific improvement in activities of daily living, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Two urine drug screens were submitted and were collected on the dates of office visits, not randomly as recommended by the guidelines. One drug screen was negative for morphine, a prescribed medication; this was not addressed. As currently prescribed, MS Contin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Trazadone 150mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16.

**Decision rationale:** Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Sedating antidepressants such as amitriptyline, trazodone, and mirtazapine have been used to treat insomnia; there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. 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 reason for prescription of trazodone was not discussed by the treating physicians. The injured worker was noted to have chronic pain and sleep issues, as well as history of depression previously treated with psychological counseling, but there was no current discussion of signs and symptoms of depression. Trazodone has been prescribed for more than one year, with no documentation of

functional improvement as a result of its use. Work status was noted as permanent and stationary. There was no documentation of return to work, improvement in specific activities of daily living, or decrease in medication use. Office visits have continued at the same frequency. Due to lack of documentation of specific indication, and lack of functional improvement, the request for trazodone is not medically necessary.

**Zoloft 100mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16, SSRIs p. 107 Page(s): 13-16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

**Decision rationale:** The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Selective serotonin reuptake inhibitors (SSRIs) are controversial based on clinical trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. Sertraline (Zoloft) is recommended as a first-line treatment option for major depressive disorder and post-traumatic stress disorder. The reason for prescription of zoloft was not discussed by the treating physicians. The injured worker was noted to have chronic pain and sleep issues, as well as history of depression previously treated with psychological counseling, but there was no current discussion of signs and symptoms of depression, with no mention of the severity of depression. Zoloft has been prescribed for more than one year, with no documentation of functional improvement as a result of its use. Work status was noted as permanent and stationary. There was no documentation of return to work, improvement in specific activities of daily living, or decrease in medication use. Office visits have continued at the same frequency. Due to lack of documentation of specific indication, and lack of functional improvement, the request for zoloft is not medically necessary.

**Lidoderm 5% #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. This injured worker has chronic neck and shoulder pain. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. As such, the request for lidoderm is not medically necessary.

**Voltaren gel 4 tubes with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (Diclofenac).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical nonsteroidal anti-inflammatory medications (NSAIDs) for short-term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. This injured worker had chronic neck and shoulder pain. Topical NSAIDs are not recommended for neuropathic pain. There should be no concurrent use of an oral and topical NSAID. The only FDA approved topical NSAID is voltaren gel (diclofenac). In this case, the specific reason for prescription of voltaren gel was not discussed. The site of application was not specified. There was no documentation of diagnoses of osteoarthritis or tendonitis. Due to lack of specific indication, the request for voltaren gel is not medically necessary.