

<b>Case Number:</b>	CM14-0009206		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old woman with a medical history of hypertension, depression, and anxiety who sustained a work-related injury on 11/30/09 resulting in chronic neck and back pain. The patient's diagnosis includes pseudarthrosis at C5-6, status post ACF at C4-6 with plate migration and C7 vertebral body impingement, depression, and hypertension. Her medications include lunesta, ultracet, trazadone, and famotidine. On 7/1/13, she was seen by the mental health provider. On that date, the patient is noted to be depressed with insomnia. The recommendation includes counseling and a trial of antidepressant medications and sleep medication. The injured worker was evaluated by the primary provider on 12/17/13. During the exam, the patient complains of headaches, neck pain, anxiety. There is no documentation to support that the patient suffers from insomnia, depression or dyspepsia. It is noted on a previous office visit that the patient is seen by pain specialist and mental health provider. The provider prescribed continued use of famotidine 20mg daily and trazadone 25mg, and initiated the use of cymbalta for pain and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAZODONE 25MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-.26 Page(s): 14-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com Trazadone drug information

**Decision rationale:** The injured worker has documented anxiety by the primary provider. The mental health provider has documented that the injured worker has depression with sleep disturbance. Currently she is treated with trazadone, and cymbalta is being initiated. According to the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are recommended as a first line drug for chronic pain. The long-term effectiveness of anti-depressants have not been established. According to UptoDate, trazadone 25mg is used as a sedative/hypnotic drug for the treatment of insomnia; this use is not an FDA approved indication. In this case the patient has chronic neck pain with depression. The dose of trazadone is not an effective dose for depression or anxiety. As such, the request is not medically necessary.

**FAMOTIDINE 20 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-.26 Page(s): 68, 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Upto date.com Famotidine, drug information.

**Decision rationale:** The injured worker has chronic pain and is treated with ultracet, motrin, and ultram. There is no documentation supporting that the patient suffers from any gastric symptoms. The MTUS includes both PPI (proton pump inhibitors) and misoprostol for stomach protection while taking NSAIDS. Famotidine is a histamine H2 antagonist that is not addressed in the MTUS. The indications for the use of famotidine 20mg include treatment for duodenal ulcer, gastric ulcers, GERD, hypersecretory conditions, esophagitis, and accompanying symptoms due to GERD and peptic ulcer disease. There is no indication that the patine suffers from any stomach disorder. As such, the request is not medically necessary.