

<b>Case Number:</b>	CM14-0116918		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 10, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; a knee brace; unspecified amounts of physical therapy; opioid therapy; and adjuvant medication. In a utilization review report dated July 7, 2014, the claims administrator partially certified a request for Vicodin and Naprosyn, while denying a request for Trazodone outright. The claims administrator seemingly based on his decision on illegible progress notes and supporting information on the part of the attending provider. In a handwritten note dated June 30, 2014, the applicant reported persistent complaints of knee pain. The applicant was asked to continue Naprosyn, Trazodone, and Vicodin, while remaining off work, on total temporary disability. There was no explicit discussion of medication efficacy. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work, on total temporary disability. The attending provider's handwritten June 30, 2014, progress note made no mention of any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

**Trazadone 50mg #360:** 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) - Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th Edition, Treatment Index; Appendix A, ODG Workers/Compensation Drug Formulary (updated 04/30/12), antidepressants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain Topic. Page(s): 13, 7.

**Decision rationale:** While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-depressants such as trazodone are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain, in this case, however, it was not clearly stated for what purpose trazodone was being employed. It was not stated whether trazodone was being employed for neuropathic pain, non-neuropathic pain, or depression. No rationale for selection and/or ongoing usage of trazodone was furnished. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off work, on total temporary disability. Ongoing usage of trazodone has seemingly failed to curtail the applicant's dependence on opioid agents such as Vicodin. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f). Accordingly, the request is not medically necessary.

**Naproxen 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Topic. Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation is likewise 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 medication efficacy into his choice of recommendations. In this case, however, the applicant is off work, on total temporary disability. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Vicodin. All of the above, taken together,