

Case Number:	CM14-0124440		
Date Assigned:	08/08/2014	Date of Injury:	04/01/2011
Decision Date:	10/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 43 year old male with a reported date of injury on 04/11/2011. The mechanism of injury was not noted in the records. The diagnoses included chronic left and right shoulder pain. The past treatments included pain medication, physical therapy and a home exercise program. There was no relevant diagnostic imaging submitted for review. The surgical history included bilateral carpal tunnel release in 2012. The subjective complaints on 07/09/2014 included neck and left shoulder pain rated 7-8/10 before medications. The physical examination of the right shoulder noted she could only abduct and forward flex about 90 degrees. The medications included Norco, Trazodone, and Lexapro. The treatment plan was to continue and refill medications. A request was received for Trazodone 100mg #60, Lexapro 10mg #30, and Norco 10/325mg #240. The notes indicate that she has been on these medications since 02/12/2014. The rationale for the request was to decrease pain and increase sleep. The request for authorization form was dated 04/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines

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 & Stress, Trazodone (Desyrel)

Decision rationale: The request for Trazodone 100 mg #60 is not medically necessary. The Official Disability Guidelines state Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety; however, there is limited evidence to support its use for insomnia. The injured worker has chronic shoulder and low back pain. The notes indicate that Trazodone is being used for insomnia. The guidelines state there is limited evidence to support Trazodone use for insomnia. There is no indication of a coexisting psychiatric condition. In addition, the submitted request does not specify a frequency. As such, the request is not medically necessary.

Lexapro 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

Decision rationale: The request for Lexapro 10 mg #30 is not medically necessary. The California MTUS Guidelines state Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials and more information is needed regarding the role of SSRIs and pain. The injured worker has chronic shoulder and low back pain. There is a lack of documentation regarding psychological symptoms. The guidelines state more information is needed regarding the use of SSRIs for pain. In addition, the submitted request does not specify a frequency. As such, the request is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #240 is not medically necessary. The California MTUS Guidelines state there are four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic shoulder and low back pain. The notes indicate that the injured worker has been on Norco since at least 02/12/2014. The injured worker reported a pain level of 7-8/10 without medications and 4/10 with medications. There was not adequate documentation in the clinical notes submitted of side effects, physical

and psychosocial functioning, or aberrant behavior. Furthermore, there was no drug screen submitted to assess for aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of side effects, physical and psychosocial functioning, and appropriate medication use, the request is not supported. As such, the request is not medically necessary.