

<b>Case Number:</b>	CM14-0133412		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. 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 patient is a 59 year old male who sustained an industrial injury on 8/31/2010. A prior peer review on 5/27/2014 recommended noncertification of retrospective requests for Percocet 10/325 mg #180, Norco 10/325 mg #60, Trazodone HCL 50 mg #120, Motrin 800 mg #120, and Prilosec 20 mg #120. A prior peer review on 7/21/2014 recommended certification of retrospective request for Norco 10/325mg #30 and Motrin 800 mg #60, dispensed 7/16/2014. The medications decreased pain and improved function without adverse side effects. The requested Trazodone 50 mg #60 and Prilosec 20 mg #60 dispensed 7/16/2014 were retrospectively non-certified. The medical necessity was not established in accordance with the referenced guidelines. The 1/21/2014 EMG/NCS of the bilateral upper extremities revealed: 1. Abnormal electrodiagnostic study of the bilateral upper extremities. 2. Electrodiagnostic findings consistent with a left median neuropathy at the wrist of minimal severity. According to the most recent progress report, dated 4/10/2014, the patient continues to have face pain, numbness and tingling, and headaches. Pain is 8/10 before medications and goes down to 3/10 with medication. He is providing self-care, he is doing a little bit around the house. The medications are significantly helpful. He was able to get the psychiatric medications, which significantly help his anxiety and depression. Current medications are percocet, norco, klonopin, trazadone, motrin, prilosec, and deplin. Objective findings are listed as no significant change. Diagnoses are history of right facial fracture, multiple areas, complains of dizziness and blurry vision on the right side; PTSD; Negative brain MRI 1/2011 and negative sleep study; Depression secondary to pain issues and sleep issues. He was provided prescription for Percocet, and dispensed Norco #60, Trazodone #120, Prilosec #120, and Motrin #120. Follow up in 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Trazadone HCL 50mg, #60, DOS 7/16/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Insomnia.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors) Page(s): 107, 13.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment.

**Decision rationale:** According to the Official Disability Guidelines and CA MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent. According to the CA MTUS, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The medical records document that the patient's medication regimen has included Trazodone for a long time. However there is no corroborative objective findings of insomnia and/or depression. There is no subjective or objective findings to support benefit with use. According to ODG, Trazodone is one of the most commonly prescribed agents for insomnia. Sedating antidepressants, such as Trazodone, have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. However, there is no evidence of insomnia or depression. The medical records do not establish Trazodone is retrospectively indicated and medically necessary for this patient.

**Retrospective Request for Prilosec 20mg, #60, DOS 7/16/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at risk for GI events. In accordance with the CA MTUS guidelines, Prilosec is not medically necessary and therefore is not retrospectively recommended.

