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| <b>Case Number:</b>   | CM14-0140550 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 06/29/2010 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2014 |

### 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 & Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 06/29/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of insomnia; left cervical facet joint pain at C4 to C5 and C7 to T1, with left cervical facet joint pain at C5 to C6 and C6 to C7; right cervical facet joint pain at C5 to C6 and C6 to C7; cervical facet joint arthropathy; right paracentral disc protrusion at C6 to C7 measuring 2 mm; central disc bulge at C5 to C6 measuring 2 mm; cervical degenerative disc disease; cervical sprain/strain; and hypertension. Past medical treatment consists of physical therapy, facet joint blocks, facet joint radiofrequency nerve ablation, and medication therapy. Medications include trazodone, Percocet, Soma, Lidoderm patch, an anti-nausea medication, Megace, Ativan, and Zoloft. On 08/28/2014, the injured worker complained of bilateral lower neck pain. Physical examination revealed cervical ranges of motion were restricted by pain in all directions. There was tenderness upon palpation of the bilateral cervical paraspinal muscles overlaying the bilateral C4 to T1 facet joints, left worse than right, and lower worse than upper. Cervical extension was worse than cervical flexion. Cervical facet joint proactive maneuvers were positive. It also revealed that cervical muscle spasms were present. Nerve root tension signs were negative bilaterally. Muscle strength reflexes were symmetric bilaterally in the upper extremities. Clonus, Babinski, and Hoffman signs were absent bilaterally. Muscle strength was 5/5 in the bilateral upper extremities. The treatment plan is for the injured worker to continue the use of trazodone, oxycodone, and Soma. The rationale was not submitted for review. The Request for Authorization Form was submitted on 03/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription Trazodone 50mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Trazodone. Page(s): 107.

**Decision rationale:** The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The submitted documentation did not indicate that the injured worker had a diagnosis of depression secondary to treatment. Additionally, the efficacy of the medication was not submitted for review. Given that SSRIs are not recommended for treatment of chronic low back pain, the injured worker is not within the MTUS recommended guidelines. Furthermore, the request as submitted did not indicate the frequency of the medication. As such, the request for trazodone is not medically necessary.

**1 Prescription of Oxycodone 10/325mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin, ongoing management Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend long acting opioids (OxyContin) for around the clock pain relief and indicated it is not for as needed use. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The documentation dated 08/28/2014 indicated that the injured worker was to take the oxycodone every 8 hours as needed for pain. The MTUS Guidelines do not recommend the use of this medication for as needed use. Additionally, the submitted documentation did not indicate the efficacy of the medication. Furthermore, there were no drug tests or urinalysis submitted for review showing that the injured worker was in compliance with the medications. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request for oxycodone 10/325 mg is not medically necessary.

**1 Prescription Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29, 65.

**Decision rationale:** The California MTUS Guidelines state that Soma is not indicated for longer than a 2 to 3 week period. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The request as submitted was for Soma 350 mg #60, exceeding the recommended guidelines for a short term period of 2 to 3 weeks. Additionally, the efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Soma 350 mg is not medically necessary.