

<b>Case Number:</b>	CM14-0146384		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/19/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, has a subspecialty in Pain Medicine 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 injured worker is a 46-year-old male who reported an injury on 10/19/2000. The mechanism of injury was not provided. On 07/07/2014, the injured worker had complaints of neck pain. Current medications included OxyContin, oxycodone, Restoril, trazodone, and gabapentin. Upon examination of the cervical spine, there was tenderness to palpation over the C3 and C4 paraspinal muscles. The range of motion values were 10 degrees in forward flexion, 25 degrees in bilateral lateral flexion, 60 degrees of hyperextension, and 55 degrees of bilateral lateral rotation. The diagnoses were pain in the shoulder region, unspecified disorder the bursa and tendons of the shoulder region, displacement of the cervical intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, cervicgia, postlaminectomy syndrome of the cervical region, and brachial neuritis or radiculitis. The provider recommended trazodone HCl, Restoril, OxyContin, and oxycodone HCl. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone Hydrochloride 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
SELECTIVE SEROTONIN REUPTAKE INHIBITORS Page(s): 16.

**Decision rationale:** According to the California MTUS, selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. There is a lack of documentation of a complete and adequate pain assessment of the injured worker. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the quantity or frequency of the medication in the request as submitted. As such, medical necessity has not been established. Therefore the request for Trazadone Hydrochloride 100mg is not medically necessary.

**Restoril 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit their use to 4 weeks. The injured worker has been previously prescribed Restoril. The provider's request for Restoril 30mg as an additional prescription exceeds the guideline recommendations. There is a lack of efficacy of the medication documented to support continued use. Additionally, the frequency and quantity of the medication was not provided in the request as submitted. As such, medical necessity has not been established. Therefore the request for Restoril 30mg is not medically necessary.

**Oxycontin 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioid. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS,  
CRITERIA FOR USE Page(s): 78.

**Decision rationale:** California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain relief, functional status, risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication or the quantity in the request

as submitted. As such, medical necessity has not been established. Therefore the request for Oxycontin 40mg is not medically necessary.

**Oxycodone Hydrochloride 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

**Decision rationale:** California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain relief, functional status, risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication or the quantity in the request as submitted. As such, medical necessity has not been established. Therefore the request for Oxycodone Hydrochloride 10mg is not medically necessary.