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| <b>Case Number:</b>   | CM14-0147238 |                              |            |
| <b>Date Assigned:</b> | 09/15/2014   | <b>Date of Injury:</b>       | 05/22/2009 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2014 |

### 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 Nevada. 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 records presented for review indicate that this 32-year-old gentleman was reportedly injured on May 22, 2009. The most recent progress note, dated August 13, 2014, indicates that there are ongoing complaints of right knee pain. Current medications include Norco and trazodone. Pain is stated to be rated at 5/10 without medications and 3/10 with medications. Medications are stated to help the injured employee perform activities of daily living and no aberrant behavior was noted. No physical examination was performed on this date. Diagnostic imaging studies of the right knee showed evidence of a partial medial meniscectomy, and a severed medial patellar plica. Previous treatment includes right knee arthroscopy and oral medications. A request had been made for trazodone and Norco and was not certified in the pre-authorization process on August 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Trazadone 100mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ), Mental Illness and Stress, Trazodone, Updated June 12, 2014.

**Decision rationale:** According to the Official Disability Guidelines trazodone is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The progress note dated August 13, 2014, does indicate that trazodone helps the injured employee with his sleep and there is a concurrent diagnosis of depression/anxiety. Considering this, this request for trazodone is medically necessary.

**Retro: Norco 5/325mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain and the progress note dated August 31, 2014, indicates objective pain relief with the usage of Norco as well as increased ability to perform activities of daily living. No aberrant behaviors have been noted. As such, this request for Norco 5/325 is medically necessary.