

<b>Case Number:</b>	CM14-0157556		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 24, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; sleep aid; long and short acting opioids; earlier lumbar spine surgery; psychotropic medications; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 12, 2014, the claims administrator either failed to approve or partially approved/conditionally approved request for MS Contin, Norco, and trazodone. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant presented to obtain medications refill. The applicant stated that his pain levels dropped from 10/10 without medications to 7/10 with medications. The applicant was able to walk up to two to three blocks at a time, it was stated in another section of the note. The attending provider stated that the applicant was able to walk to his mailbox a couple of times a day with medications. The applicant's medication list included MS Contin, Norco, Desyrel, Colace, and Ambien. Additionally, the applicant is also using a TENS unit. MS Contin, Norco, TENS unit leads, and a new lumbar support were sought. Permanent limitations were renewed. The applicant did not appear to be working with permanent limitations in place. In a medical-legal evaluation dated May 16, 2014, it was stated that the applicant was not capable of performing any competitive or gainful employment even on a sedentary, part time basis. The medical-legal evaluator concluded that the applicant was "unemployable and totally permanently disabled." In an earlier note dated May 6, 2014, the attending provider suggested that usage of trazodone was not altogether ameliorating the applicant's issues with sleep disturbance and that the applicant was therefore Trazodone in conjunction with Ambien.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of MS Contin 15mg #90 with 5 refills (do not fill until 9/26/14).:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant has been deemed permanently totally disabled. While the applicant has reported some reduction in pain scores from 10/10 without medications to 7/10 with medications, this is seemingly outweighed by the applicant's failure to return to work, the medical-legal evaluators commented to the effect that the applicant is incapable of performing even sedentary, part-time work, and the attending provider's failure to outline any material improvements in function achieved as a result of ongoing Morphine usage. The attending provider's commented to the effect that the applicant was able to get up out of the bed and walk to his mailbox with ongoing medications consumption appears to be of minimal-to-negligible benefit, one which is outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.

**Prospective request for 1 prescription of Norco 10/325mg #300 with 5 refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, as with the request for MS Contin, the applicant has failed to return to work. The applicant has been deemed permanently totally disabled and incapable of even part time sedentary work, his medical-legal evaluator has concluded. While the attending provider has reported some reduction in pain scores from 10/10 without medications to 7/10 with medications, this appears to be marginally negligible and is outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Norco usage. The attending provider's comments to the effect that the applicant is able to get up out of bed and walk to his mailbox with medications appears

to be of minimal-to-negligible benefit, one which is not clearly attributable to opioid usage and one which is, furthermore, outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.

**Prospective request for 1 prescription of Trazodone 50mg #120 with 5 refills.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain topic.Functional Restoration Approach to Chronic Pain Managem.

**Decision rationale:** While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone are recommended as a first line option for neuropathic pain and has a possibility for non-neuropathic pain, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and should, furthermore, incorporate applicant-specific variable such as "other medications" into his rationale for pharmacotherapy. In this case, the attending provider has failed to outline how ongoing usage of trazodone has proven beneficial here. It appears that trazodone was prescribed for sleep and pain. However, trazodone failed to ameliorate the applicant's complaints of sleep, the attending provider acknowledged. The attending provider thus suggested that the applicant employ trazodone in conjunction with Ambien to ameliorate sleep complaints, implying that trazodone was not altogether successful. From a pain standpoint, trazodone has failed to result in any meaningful benefits or functional improvement as defined in MTUS 9792.20f. The applicant remains highly dependent on several opioid agents. The applicant has failed to return to work. Therefore, the request for trazodone is not medically necessary.