

<b>Case Number:</b>	CM14-0160423		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 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, depression, anxiety, and insomnia reportedly associated with an industrial injury of September 6, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; opioid therapy; earlier lumbar spine surgery; and the apparent imposition of the permanent work restrictions. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for Trazodone, Senna, and Norco while approving a request for Cymbalta. The applicant's attorney subsequently appealed. In an April 30, 2014 progress note, the applicant reported 4/10 pain with medications and 9/10 without medications. Moderate-to-severe low back pain radiating to the left leg was appreciated. The applicant was using 120 Morphine equivalents daily, it was stated. The attending provider stated that the applicant's usage of medications was facilitating the applicants being active up to five hours a day. It was stated that the applicant was having issues with dysphoria and intermittent angry outbursts. In another section of the report, it was stated, somewhat incongruously, that the applicant was using 40 Morphine equivalents a day. It was stated that the applicant was using Norco and extended release Morphine in another section of the note. The applicant exhibited an antalgic gait. It was also stated that the applicant was using Trazodone nightly for pain, depression, and insomnia in conjunction with Cymbalta, a topical compounded medication, Senna for opioid-induced constipation, and Norco for pain relief. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with permanent limitations in place. In an applicant questionnaire dated July 28, 2014, the applicant reported 9 to 10/10 pain complaints without medications versus 6 to 7/10 with medications. The applicant's pain was highly fluctuating, it was acknowledged. The applicant stated that he was not using marijuana and was not smoking. The applicant acknowledged that he

was not able to work or volunteer, through preprinted checkboxes, even with medications. It was stated that the applicant was able to do simple chores in home and minimal activities outside the home two days a week. In a progress note of the same date, July 28, 2014, the applicant reported 5 to 6/10 pain with medications versus 9/10 without medications per the attending provider. The applicant was not given a handicapped placard. It was stated that the applicant was using three tablets of Norco daily. Permanent work restrictions were renewed. On December 12, 2013, the applicant acknowledged that he was significantly depressed and stated that he believes that his pain complaints would diminish were his depressive symptoms treated appropriately. The applicant stated that his pain medications were helping him to get out of bed and complete some simple chores around the home and drive his children to and from school.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trazodone HCL 50mg, 1 by mouth at bedtime for pain, depression and insomnia, #30, refills 0:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The request for Trazodone is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes "weeks" for antidepressants to exert their maximal effect. In this case, the applicant does have longstanding depressive symptoms; it has been posited on several occasions, referenced above. The attending provider's documentation, while at times incomplete and incongruous, does seemingly suggest that ongoing usage of Trazodone, in conjunction with Cymbalta, is ameliorating the applicant's depressive symptoms to some degree and improving his ability to socialize with friends and family members. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Senna laxative 8.6mg, take 2 tablets by mouth 2 times every day as needed for constipation, #120, refills 0:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug manufacturer, Purdue Pharma (2005)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The request for Senna, a laxative agent, is likewise medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic provision of laxative such as Senna is indicated in

the applicants who are using opioids. In this case, the applicant is in fact, using Norco, an opioid agent. Concomitant provision of a laxative agent, Senna, is therefore indicated. Accordingly, the request is medically necessary.

**Norco 10/325mg, 1 by mouth 4 times per day as needed for pain, #120, refills 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use.

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

**Decision rationale:** The request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. 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, however, the applicant is off of work. The applicant does not appear to be working with permanent limitations in place. While the attending provider has reported on several instances that the applicant's pain complaints have been reduced with ongoing opioid therapy, the attending provider has failed to outline any material improvements in function achieved as a result of the same. The applicant's comments to the effect that his ability to walk around the house, get up out of bed, and drive his children to and from school with opioid therapy appears to be a minimal-to-negligible benefit, one which is outweighed by the applicant's failure to return to work. It is further noted that page 78 of MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioid be employed to improve pain and function. In this case, the attending provider's reporting of what opioid drugs the applicant is using is, at best, incongruous. On several occasions, the attending provider stated that the applicant was using Norco alone while on other occasions the attending provider has stated that the applicant was using Norco in conjunction with extended release Morphine. The attending provider also stated in the body of the same report that the applicant was using 40 Morphine equivalents daily, while other section of the same report stated that the applicant was using 120 Morphine equivalents daily. Many of the attending provider's progress notes, thus, mingled historical findings with current findings. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.