

<b>Case Number:</b>	CM14-0165824		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 65-year-old diabetic man who sustained a work-related injury on January 11, 2013. Subsequently, he developed chronic low back pain radiating to the left lower extremity. According to a progress note dated July 10, 2014, the patient reported ongoing pain to the neck and back and is using Lidoderm patches to control his pain. On examination, the range of motion of the lumbar spine was reduced. The patient neurological examination was normal. The patient's diagnoses included bilateral moderate capal tunnel syndrome per EMG/NCS, cervical disc protrusion C4-5 and C5-6, cervical sprain with radicular symptoms, headaches, sexual dysfunction, left acute and chronic L1 radiculopathy per EMG/NCS, lumbar disc protrusion L4-5, lumbosacral sprain with radicular symptoms, minimal spondylolisthesis C4-5 and disc degeneration at C5-6, and spondylolisthesis L5-S1. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to California (MTUS) guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. The patient complained of sexual dysfunction, which is a side effect of this medication. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.

**Trazodone 50mg HS #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone: SSRIs 9selective serotonin reuptake inhibitors).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: : Schwartz, T., et al. (2004). ""A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia"." Int J Psychiatr Nurs Res 10(1): 1146-1150

**Decision rationale:** Trazodone is used for short term use for insomnia. The patient records indicated that the patient suffered difficulty falling asleep, however the long term use of Trazodone is not recommended. There is no recent documentation of sleep problems. Therefore, Trazodone 50mg#60 is not medically necessary.