

Case Number:	CM14-0181284		
Date Assigned:	11/06/2014	Date of Injury:	05/06/2007
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine, has a subspecialty in Nephrology; 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:

This is a 66-year-old female with a 5/6/07 date of injury. The patient injured her neck and right shoulder during a lifting incident while working at a deli. According to a progress report dated 10/31/14, the patient reported that her neck, bilateral shoulder, and bilateral arm pain had worsened. There was radiation of pain to the feet and thighs. She rated her pain without medications at 10 and with medications at 6. With medications she is able to fulfill daily home responsibilities with struggle and without medications she performs minimal activities at home. She reported that trazodone has been useful for sleep and she is not able to sleep without it; it is also useful for her neuropathic pain. She last had a CBC w/diff and chem panel performed on 4/9/14, CURES and medication agreement on 10/1/14, urinalysis on 4/1/14, and urine drug screen on 10/1/14. She has been taking trazodone 50mg to 1 pill po prn insomnia, methadone - 3 po QAM, 1 po Q1300H, 1 po Q1700H, and 1 po QHS for pain, and Norco 10/325mg - 1 tablet po Q-6H prn pain. Diagnostic impression: facet joint degeneration, insomnia, chronic pain syndrome, rotator cuff repair, spinal stenosis in cervical region, neck pain, cervical degenerative disc disease, acquired spondylolisthesis, myalgia and myositis. Treatment to date: medication management, activity modification, radiofrequency cervical medial branch neurotomy, physical therapy. A UR decision dated 10/22/14 modified the request for trazodone #60 with 3 refills to #45 with zero refills for tapering purposes, and denied the requests for methadone and Laboratory testing of chem 19, cbc, (includes diff/plt), E1A9 with alcohol and rflx urine, methadone quantitative, GCMS, serum, trazodone, urinalysis, complete and TSH. Regarding trazodone, trazodone is not recommended as a first-line therapy for the treatment of insomnia and has been prescribed to this patient since at least February of 2012 with no clear documented evidence of any significant improvements in sleep quality or quantity. Regarding methadone, despite long term use of opiates, the patient continues to report severe pain and there is no

documented evidence of any significant quantified functional improvement. Regarding laboratory testing, E1A9, methadone quantitative, GCMS, and serum trazodone are not appropriate because methadone and trazodone have been determined to be medically unnecessary. A Chem 19 is not appropriate because there is no documented evidence of any organic or systemic illnesses. A CBC with differential and platelet count is unwarranted because there is no documented evidence suggesting anemia, infection, or coagulation difficulties. Complete urinalysis is not appropriate because there is no documented evidence suggesting urinary tract pathology. Measurement of TSH is not appropriate, it does not appear that thyroxine testing has been completed and there is no evidence suggestive of metabolic abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. A dose over 40mg of methadone for non-malignant pain is only FDA-approved for detoxification and maintenance of narcotic addiction. However, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 540. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. In addition, there is no documentation that the patient has had a trial and failure of a first-line opioid medication. In addition, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Methadone HCL 10 mg # 180 was not medically necessary.

Trazadone HCL 50 mg # 60 with three 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Trazodone

Decision rationale: ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However, in the present case, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, the patient has been taking trazodone since at least 6/14/12. Medications to treat insomnia are not recommended for long term use. Therefore, the request for Trazodone HCL 50 mg # 60 with three refills was not medically necessary.

Laboratory testing of chem 19, cbc, (includes diff/plt), E1A9 with alcohol and rflx urine, methadone quantitative, GCMS, serum, trazadone, urinalysis, complete and TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 Drug Testing Urine Testing in Ongoing Opiate Management Page(s): 43, 78. Decision based on Non-MTUS Citation Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. CA MTUS and ODG do not address the issue of laboratory studies for medication monitoring. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, in the present case, the medical necessity for the patient's opioid medications and trazodone have not been established. As a result, the associated requests for methadone, trazodone, GCMS, E1A9 lab testing cannot be substantiated. In addition, a specific rationale as to why this patient requires a chem 19, cbc (including differential/platelets), urinalysis, and TSH was not provided. It is noted that this patient had a CBC w/diff and chem panel performed on 4/9/14 and urinalysis on 4/1/14. However, the results of these tests were not provided for review, and it is unclear why she requires repeat testing at this time. Therefore, the request for Laboratory testing of chem 19, CBC, (includes diff/plt), E1A9 with alcohol and rflx urine, methadone quantitative, GCMS, serum, trazodone, urinalysis, complete and TSH was not medically necessary.