

<b>Case Number:</b>	CM14-0208277		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/26/1994
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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 injured worker (IW) is a 70-year-old woman with a date of injury of January 26 1994. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is status post laminectomy syndrome with residual pain. The IW underwent left L4-L5 transforaminal epidural steroid injection with epidurogram on July 16, 2014. Pursuant to the handwritten progress noted dated October 14, 2014, the IW reports she cannot move without medications. The pain level with medications was 6-8/10. Upon examination, the IW was alert and oriented to person, place, and time. No other objective findings were documented. There was no physical examination present in any progress notes. The treatment plan was for continued use of medications. Current Medications include Lorazepam 2mg, Oxycontin 10mg, Soma 250mg, and Norco 10/325mg. Trazadone 50mg was listed, however, there was a single line drawn through it. In a subsequent note that was undated, the treatment plan states, d/c Trazadone and refill other medications. In a progress note dated November 11, 2014, Trazadone was not listed as a current medications. Documentation indicates the IW was taking the aforementioned medications since at least June 24, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of medications. It is unclear due to lack of documentation how long the IW has been taking her medications, specifically Lorazepam and Trazadone. The current request is for Lorazepam 2mg #90, and Trazadone 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 2mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines/Lorazepam.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lorazepam 2 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. Chronic benzodiazepines are the treatment of choice very few conditions. See the Official Disability Guidelines for details. In this case, the progress note dated November 11, 2014 lists OxyContin, Soma, Ativan and Norco. The documentation does not contain efficacy regarding lorazepam and there was no documentation of objective functional improvement with its continued use. The drug is refilled on regular basis without ongoing clinical indications or rationale. Additionally Ativan (lorazepam) is not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven in the risk of psychological and physical dependence or Frank addiction. Consequently, absent clinical compelling facts/documentation to support ongoing Lorazepam use, lorazepam 2mg #90 is not medically necessary.

**Trazodone 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Anti-Depressants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #30 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. In this case, the progress note dated November 11, 2014 lists on OxyContin, Soma, Ativan and Norco but does not list trazodone as a present medication. Additionally, there is a one line subjective section and a one line awake alert and oriented times three section in the November 11, 2014 progress note. Similarly in a progress note dated October 14, 2014 the subjective section indicates the injured worker is "here for a checkup and refills, can't move without medicine". On the medication list on page 2 of the progress note, trazodone 50 mg is crossed out. A third progress note, undated, is present on page 15 of the medical record. The subjective section indicates "here for checkup and refill". The diagnosis is status post lumbar

laminectomy syndrome with residual pain. The last line hand written says DC trazodone and refill other meds. The documentation does not support the ongoing use of trazodone. The documentation indicates trazodone was discontinued and not refilled. Consequently, based on the absence of continued refills and documentation supporting trazodone use, trazodone 50 mg #30 is not medically necessary.