

<b>Case Number:</b>	CM14-0212897		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	07/03/2002
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 records presented for review indicate that this 64-year-old gentleman sustained an injury on July 3, 2002. The mechanism of injury is a motor vehicle accident. A progress note dated November 6, 2014 indicates a follow-up for lower back pain as well as numbness in the ankles and feet with forward flexion. Pain is stated to be unchanging and there was reported to be poor quality of sleep. Current medications include Norco, soma, and trazodone. The most recent MRI the lumbar spine is dated June 10, 2010 and reveals degenerative changes from L3 through S1 with minimal canal stenosis at L4 - L5 secondary to a disc bulge, ligamentum flavum hypertrophy, facet impingement. There was also a left-sided L5 - S1 disc extrusion with thecal sac impingement. The physical examination of this 6'5" 217 pound injured worker reveals decreased lumbar spine range of motion and extension which is limited to 15. There was tenderness along the lumbar spine paraspinal muscles with tight muscle bands bilaterally. Heel/toe walking was normal and there was a negative straight leg raise test. Lower extremity sensation was normal and there was decreased muscle strength rated at 4/5 at the bilateral extensor hallucis longus. Deep tendon reflexes were 2+ at the knees and 1+ at the Achilles. There was a diagnosis of lumbar degenerative disc disease, low back pain, and lumbar facet syndrome. There was request for lumbar spine MRI prescriptions for Norco, soma, trazodone, and Nexium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of trazadone 50mg: 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, Trazodone

**Decision rationale:** This medication is not addressed in ACOEM or MTUS. With regard to insomnia treatment, the ODG guidelines state "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007)(Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007)Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation." The documentation submitted for review do not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. The Official Disability Guidelines recommends the usage of trazodone for insomnia only for individuals who have coexisting mild psychiatric symptoms such as depression or anxiety. While the injured employee has stated that his quality of sleep is fair, there are no concurrent complaints or a diagnosis of depression or anxiety. Without significant justification to prescribe this medication, this request for trazodone is not medically necessary.

**60 Tablets of soma 350mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by MTUS, it is not medically necessary.

**90 Tablets of norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The most recent progress note dated November 6, 2014 does not indicate an objective decrease in pain with usage of Norco nor is there any documentation of increased ability to function, side effects, or aberrant behavior associated with this medication. Without justification to continue its use, this request for Norco is not medically necessary.

**60 Tablets of zoloft 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16 & 107.

**Decision rationale:** Zoloft is an antidepressant from the SSRI group. The California MTUS guidelines does not recommend SSRI antidepressants for the treatment of chronic pain but indicate they may have a role in treating secondary depression and psychological symptoms associated with chronic pain. However, while the progress note dated November 6, 2014 notes no complaints or diagnosis of depression, but the injured worker has been previously prescribed this medication. Without diagnosis nor assessment of efficacy, this request for Zoloft is not medically necessary.

