

Case Number:	CM14-0213204		
Date Assigned:	12/30/2014	Date of Injury:	02/05/2010
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 50-year-old female who was injured on February 5, 2010. The patient continued to experience low back pain. Physical examination was notable for muscle weakness of the bilateral lower extremities, intact sensation of the bilateral lower extremities, positive straight leg raise bilaterally, and tenderness over the midline of the lumbar spine. Diagnoses included lumbar radiculopathy, fibromyositis, displacement of lumbar intervertebral disc without myelopathy, and chronic pain syndrome. Treatment included medications, epidural steroid injections, physical therapy, and exercise. Requests for authorization for Trazodone 50 mg #30, Meloxicam 15 mg #60, nortriptyline 25 mg #60, and Lidoderm patches # 60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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; Pain,Insomnia

Decision rationale: Trazodone is a tetracyclic antidepressant recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. Insomnia treatment should be based on etiology. Most medications have only been evaluated for short term use (less than 4 weeks). Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Sedating antidepressants are often used to treat insomnia; however, there is less evidence to support their use for insomnia. They may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Negative next-day effects such as ease of awakening may offset improvements in sleep onset. Tolerance may develop and rebound insomnia has been found after discontinuation. The patient has been taking this medication since at least August 2014 and is still having difficulty sleeping. In addition the patient is also taking nortriptyline for sleep. Increased duration of treatment increases the risk of tolerance. Duplicate therapy increases the risk of adverse effects with little benefit. The request should not be authorized.

Meloxicam 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. Page(s): 67-68.

Decision rationale: Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication since at least August 2014 and has not obtained analgesia. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized.

Nortriptyline 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

Decision rationale: Nortriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for treatment of chronic pain unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Side effects include sedation. Sedating antidepressants have also been used to treat insomnia; however, there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. In this case the patient has been treated with nortriptyline since at least August 2014 and is still having difficulty sleeping. In addition the patient is also taking trazodone for sleep. Increased duration of treatment increases the risk of tolerance. Duplicate therapy increases the risk of adverse effects with little benefit. The request should not be authorized.

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm patches.

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that is generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this case the patient has been using Lidoderm patches since at least August 2014 and has not obtained analgesia. Documentation in the medical

record does not support the diagnosis of neuropathic pain. In addition the patient has not obtained analgesia with the use of the Lidoderm patches. The request should not be authorized.