

<b>Case Number:</b>	CM14-0216663		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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 Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 was a 65 year old female, who was injured on the job June 28, 2014. The injury was sustained when the injured worker was pushed from a standing to the ground from behind by a customer. The injured worker reports significant trauma and nightmares. The injured worker suffered right shoulder injury and remains off from work. According to the progress noted the injured worker was taking Neurontin, Tylenol, Tylenol with codeine, Celebrex, Ultracet, trazodone and gabapentin. The injured work was diagnosed with carpal tunnel syndrome, cervicalgia, foot pain, insomnia, lumbago, lumbar radiculopathy, myofascial pain syndrome, chronic neck pain and right shoulder pain. December 15, 2014 progress note stated the injured worker continued to have nightmares and increased right shoulder pain after the work related injury. The injured worker was taking Neurontin and trazodone assist with sleeping. The Ultracet and Neurontin assisted with the pain. The injured worker was taking tramadol, however caused sedation the following day. On December 23, 2014, the UR denied authorization of prescriptions for Ultracet #60, Celebrex and Trazodone. The denial for Ultracet #60 was based on the MTUS for Chronic Pain Treatment Guidelines Tramadol is indicated for moderate to severe pain. Tramadol is not recommended for a first line oral analgesic. The denial for Celebrex was based on the MTUS recommendation for osteoarthritis anti-inflammatory pain at the lowest dose possible for a short period of time. The trazadone denial was based on the MTUS Chronic Pain Medical Treatment Guidelines Antidepressants for Chronic Pain recommended for a neuropathic pain and as a possibility for non-neuropathic pain. Also the ODG Pain Chapter

recommends Trazadone for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pp78-79.

**Decision rationale:** The request for ultracet is not medically necessary. The chart does not provide any documentation of improvement in function with the use of ultracet. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of this opioid, the long-term efficacy is limited, and there is high abuse potential, the risks of ultracet outweigh the benefits. The patient has some sedation with Ultracet, but not as much she does with tramadol. The request is considered not medically necessary

**Celebrex 100mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex page(s) 30, NSAIDs, p67, Page(s): 30, 67.

**Decision rationale:** The request is considered not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding although less so with Celebrex. There was no objective documentation of functional improvement. Therefore, the request is considered not medically necessary.

**Trazodone 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental/stress, Trazodone

**Decision rationale:** The request is considered medically necessary. According to ODG guidelines, Trazodone is recommended for insomnia when there is a potentially coexisting mild psychiatric symptoms. The patient was noted to have a depressed appearance. Trazodone helps her with her sleep. It is not the best anti-depressant for major depressive disorder, but can help with depressive symptoms. Therefore, it may be beneficial and is considered medically necessary.