MAXIMUS Federal Services

| Case Number: | CM14-0218883 | | |
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| Date Assigned: | 01/08/2015 | Date of Injury: | 08/14/2002 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 57 year old male sustained an industrial injury on 8/14/12 with subsequent ongoing neck pain. EMG (undated) showed right C6 radiculopathy. The injured worker was diagnosed with cervical radiculopathy and cervical post laminectomy syndrome. In a supplemental report dated 5/22/14, the physician noted that the injured worker suffered significant ongoing pain limiting functionality at home, requiring daily home health assistance for basic activities of daily living and life time oral pain medications and opioids to improve function and reduce symptomatology. In a PR-2 dated 10/21/14, the injured worker was agitated, complaining of intractable pain in the neck with radiation to the right shoulder and arm. Physical exam was remarkable for positive Spurling's sign. The injured worker could not lift the right arm above the shoulder. The treatment plan included a psychiatric evaluation, magnetic resonance imaging (MRI) of the cervical spine, refilling medications and weaning medications after the MRI. On December 1, 2014, Utilization Review noncertified a request for Trazadone 150 mg number 60, Lunesta 3 mg number 30 and Klonipin 2 mg number 25 citing MTUS and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 150mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

**Decision rationale:** Regarding the request for trazodone, CA MTUS states that tricyclic and SNRI antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that this SSIR antidepressant provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the medication is being prescribed to treat depression, there is no documentation of current symptoms/findings consistent with this diagnosis and no evidence of efficacy from prior use. In the absence of clarity regarding those issues, the currently requested trazodone is not medically necessary.

**Lunesta 3mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Eszopicolone (Lunesta)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatment

**Decision rationale:** Regarding the request for Lunesta, California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

**Klonopin 2mg, #25:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** Regarding the request for Klonopin, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin is not medically necessary.