

Case Number:	CM15-0123740		
Date Assigned:	07/08/2015	Date of Injury:	08/13/1998
Decision Date:	08/05/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 59 year old male with an industrial injury dated 08/13/1998. The mechanism of injury is documented as occurring while he was lifting a steel dock plate when he felt pain in the entire spine. His diagnosis was chronic neck, thoracic and low back pain. Prior treatment included medications, trigger point injections and epidural steroid injections. He presents on 11/12/2014 (the most recent record available for review) with complaints of ongoing neck, upper and lower back pain. The provider documented he continued to do well on his current medication regimen. Documentation notes his pain goes from a 10/10 down to a 6/10 with Opana. It allows him to be more functional and is able to take care of personal hygiene and some light daily household chores. He is able to walk for exercise about 10 minutes a day. He denies significant side effects. No aberrant behaviors were noted, pain contract was signed and urine drug screens had been consistent in the past. Objective findings were documented as unchanged. In visit dated 09/12/2014 objective findings noted ongoing tenderness throughout the cervical, thoracic and lumbar paraspinal muscles. Neurologically he was intact. The request for Opana ER 20 mg twice daily # 60 was authorized. The treatment request for review was for Amitiza 24 mcg twice daily # 60 and Trazadone 50 mg twice daily every hour of sleep # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg bid qhs #60: 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), Mental Illness & 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 (Desyrel).

Decision rationale: Trazadone 50mg bid qhs #60 is not medically necessary per the ODG. The MTUS Guidelines do not address insomnia or Trazadone. The ODG states that Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The ODG states that other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. The ODG states that 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The request for continued Trazadone is not medically necessary. The most recent documentation does not reveal evidence of how Trazadone is helping with depression/mood. Additionally, the request as written for BID dosing does not imply this is being used just at bedtime and differs from the 11/12/14 progress note that states that Trazadone 50mg is to be taken as 2 pills at bedtime. Without clarification of efficacy and how this is to be taken this request is not medically necessary.

Amitiza 24mcg bid #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/amitiza.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation should be initiated Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Opioid-induced constipation treatment and Other Medical Treatment Guidelines <https://www.amitizahcp.com/default.aspx>.

Decision rationale: Amitiza 24mcg bid #60 is medically necessary per the MTUS Guidelines and an online review of Amitiza and the ODG. The documentation submitted reveals that the patient is on opioids and Amitiza helps with constipation. The MTUS states that while on opioids prophylactic treatment of constipation should be initiated. The ODG states that constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally

acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors.