

<b>Case Number:</b>	CM15-0162352		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on 1-30-2004. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include discogenic lumbar condition with radiculopathy, internal derangement of the left knee status post arthroscopy, left hip arthritis status post total hip replacement, ankle sprain, and chronic pain syndrome, status post Achilles tendon reattachment on 2-9-15. Treatments to date include activity modification, fracture boot, physical therapy, psychotherapy, hypnotherapy, and lumbar epidural steroid injection. Currently, she complained of ongoing low back, left hip, left knee, and left ankle pain. She further reports issues with sleep, stress, and depression. On 5-7-15, the physical examination documented tenderness to the Achilles tendon, lumbar spine, the left knee and left groin. The records indicated that she was wearing a fracture boot and unable to bear weight. The physical examination from 6-16-15 documented no change in clinical findings. The medical records did not include documentation of objective findings regarding functional improvement with medication use. The plan of care included continuation of medical management. The appeal requested authorization for Trazodone 50mg #60; Effexor XR 75mg #60; Nalfon 400mg #60 and Lunesta 3mg #30. The Utilization Review dated 8-14-15, denied the request per California 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 50mg #60:** Overturned

**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 & Stress Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

**Decision rationale:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation reveals that the injured worker complains of sleep disturbance, with coexisting diagnosis of Depression. Physician reports fail to show significant improvement in function or symptoms of depression on current medication regimen. Of note, there is still the opportunity to maximize the dose of this medication. The recommendation for ongoing use of Trazodone is reasonable and clinically appropriate. The request for Trazodone 50mg #60 is medically necessary.

### **Effexor XR 75mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Mental Illness and Stress Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Per guidelines, Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of these drugs is in treating psychological symptoms associated with chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Documentation reveals that the injured worker has chronic pain syndrome, with diagnosis of Depression. Physician reports fail to show significant improvement in function or symptoms of depression on current medication regimen. Of note, there is still the opportunity to maximize the dose of Effexor XR. The recommendation for ongoing use of Effexor XR is reasonable and clinically appropriate. The request for Effexor XR 75mg #60 is medically necessary by MTUS.

**Nalfon 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant improvement in pain on chronic NSAID use. Furthermore, documentation indicates that patient has been prescribed Naproxen. With MTUS guidelines not being met, the request for Naproxen (dosage & frequency unspecified) 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 Official Disability Guidelines, Treatment in Workers Compensation, Pain Procedure Summary, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment, Lunesta (Eszopicolone).

**Decision rationale:** MTUS does not address this request. ODG states that hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured worker is diagnosed with sleep disturbance. Documentation fails to show significant improvement if symptoms with chronic use of this medication. The request for Lunesta 3mg #30 is not medically necessary based on ODG.