

<b>Case Number:</b>	CM15-0175938		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 56 year old female, who sustained an industrial injury on 8-20-11. The injured worker was diagnosed as having major depression, lumbar herniated nucleus pulposus, status post lumbar sprain and cervical herniated nucleus pulposus. Medical records (5-18-15 through 7-23-15) indicated increased pain, frequent migraines and adequate sleep with Trazodone. She continues to be abstinent from drug use. The physical exam (3-24-15 through 5-29-15) revealed 4.5-6.5 out of 10 pain and normal and appropriate affect. Treatment to date has included psychological treatments, a lumbar MRI and a nuclear stress test. Current medications include Ritalin (since at least 5-5-15), Amitriptyline, Gabapentin and Trazodone (since at least 10-30-14). As of the PR2 dated 7-28-15, the injured worker reports constant pain for the last 6 to 8 weeks and bothersome headaches. She is invested in long-term sobriety. The treating physician noted her speech was normal and pressures, thought process was coherent and gait was non- analgic. The treating physician requested to continue Ritalin 20mg #90 x 2 refills, Amitriptyline 50mg #120 x 2 refills, Gabapentin 800mg #120 x 2 refills and Trazodone 100mg #30 x 2 refills. The Utilization Review dated 8-11-15, non-certified the request for Ritalin 20mg #90 x 2 refills and modified the request for Amitriptyline 50mg #120 x 2 refills, Gabapentin 800mg #120 x 2 refills and Trazodone 100mg #30 x 2 refills to Amitriptyline 50mg #90 x 0 refills, Gabapentin 800mg #60 x 0 refills and Trazodone 100mg #20 x 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ritalin 20mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FDA.gov- Ritalin.

**Decision rationale:** Ritalin is a central nervous system stimulant prescription medicine. It is used for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD). Ritalin may help increase attention and decrease impulsiveness and hyperactivity in patients with ADHD. The injured worker does not have the diagnosis of ADHD, thus the request for Ritalin 20mg #90 with 2 refills is excessive and not medically necessary.

**Amitriptyline 50mg#120 with 2 refills:** 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): Antidepressants for chronic pain, Tricyclics.

**Decision rationale:** MTUS states antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The request for Amitriptyline 50mg #120 with 2 refills is excessive and not medically necessary, as there is no information regarding functional improvement with the continued use of the medication.

**Gabapentin 800mg #120 with 2 refills:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as

a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Upon review of the submitted documentation, there is no record of the injured working suffering from fibromyalgia, diabetic painful neuropathy or post-herpetic neuralgia for which Gabapentin is recommended. Thus, the request is not medically necessary.

**Trazodone 100mg #30 with 2 refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress/ Trazodone (Desyrel).

**Decision rationale:** Per ODG, Trazodone: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In Insomnia treatment, it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. See also Fibromyalgia in the Pain Chapter, where trazodone was used successfully in fibromyalgia. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. To date, there has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. Per guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms. Also, there is evidence of functional improvement with the use of Trazodone. Thus, the request for Trazodone 100mg #30 with 2 refills is medically necessary.