

<b>Case Number:</b>	CM15-0038267		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old female who reported an injury on 04/23/2007. Her diagnoses was noted to include carpal tunnel syndrome and chronic pain syndrome. Her diagnostic studies were noted to include an MRI of the lumbar spine performed on 09/21/2010, which was noted to reveal mild spinal canal narrowing at L5-S1 due to a disc extrusion. The clinical documentation provided for review did not include a recent assessment, physical examination, relevant medication list, treatment plan, rationale for the request, or a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 100mg tablet 2 qhs for 30 days #60 x 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The request for trazodone 100mg 2 qhs for 30 days #60 x1 refill is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. However, the request as submitted did not include clinical documentation or an assessment of the injured worker's pain. There was no indication that the injured worker's pain was accompanied by insomnia, anxiety, or depression. As such, the request is not medically necessary.

**Norco 10/325mg 1 tab 6 times daily #180 with 1 RF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg 1 tab 6 times daily #180 with 1 refill is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects and appropriate medications use with the use of random drug screening as needed to verify compliancy. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. However, the request as submitted did not include clinical documentation or an assessment of the injured worker's pain. There was no indication that the injured worker's pain was accompanied by insomnia, anxiety, or depression. As such, the request is not medically necessary.

**SennaGen 8.6mg tablet 2 qd for 30 days #60 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioid-induced constipation treatment.

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

**Decision rationale:** The request for SennaGen 8.6 mg tab 2 qd for 30 days #60 x 2 refills is not medically necessary. The Official Disability Guidelines state that opioid induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal tract results in absorption of the electrolytes, such as

chloride, with the subsequent reduction in small intestinal fluid. There was no rationale for the requested medication. As such, the request is not medically necessary.

**Translaminar lumbar ESI at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for translaminar lumbar ESI at L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. There also needs to be evidence that the injured worker had been unresponsive to conservative treatment such as exercise, physical therapy, NSAIDs, and muscle relaxants. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. However, the request as submitted did not include clinical documentation or an assessment of the injured worker's pain. There was no indication that the injured worker's pain was accompanied by insomnia, anxiety, or depression. As such, the request is not medically necessary.

**Urine tox screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for urine tox screen is not medically necessary. The California MTUS Guidelines state that using a urine drug screen to assess for the presence of illegal drugs is recommended as an option. However, there was no indication the injured worker had any positive results on previous drug screens to warrant on-going drug screening. The rationale was not provided. As such, the request is not medically necessary.