

Case Number:	CM15-0077768		
Date Assigned:	04/29/2015	Date of Injury:	05/01/1999
Decision Date:	05/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 67 year old female, who sustained an industrial/work injury on 5/1/99. She reported initial complaints of wrist and hand pain. The injured worker was diagnosed as having osteoarthritis, multiple sites; musculoskeletal pain; and rheumatoid arthritis. Treatment to date has included medication and consultation with rheumatology. Currently, the injured worker complains of pain that hinders activities of daily living and sleep. Per the primary physician's progress report (PR-2) on 3/12/15, the injured worker was using Norco for pain, Lunesta for insomnia due to pain and Senokot-S for opioid induced constipation. The pain levels are 5/10. Completion of activities of daily living was done with some assistance. There were no reported new side effects. Current plan of care included renewal of medication. The requested treatments include Trazodone and Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30 (one at bedtime for sleep): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

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.

Decision rationale: Regarding Trazodone, the above-cited guidelines say: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. 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 employee does not have a history of depression. She does not meet the criteria above for having insomnia with mild psychiatric symptoms. Therefore, the request for Trazodone 50mg #30 (one at bedtime for sleep) is not medically necessary.

Senokot #60 (2 daily for constipation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug manufacturer, Purdue Pharma (2005), Senokot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, docusate and senna.

Decision rationale: Docusate and sennoside are stool softeners and laxatives, respectively. This patient is undergoing treatment with Norco, which is an opioid. The length of time this patient has been on Norco is unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives." The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction. As such, the request for Sennakot #60 (2 daily for constipation) is not medically indicated at this time.

