

Case Number:	CM15-0078621		
Date Assigned:	04/29/2015	Date of Injury:	03/15/2004
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 55 year old woman sustained an industrial injury on 3/15/2004. The mechanism of injury is not detailed. Evaluations have included multiple x-rays and MRIs since August of 2010. Diagnoses include lumbosacral disc degeneration, cervical spine post-laminectomy syndrome, scoliosis, myalgia and myositis, lumbar spine post-laminectomy syndrome, lumbosacral spondylosis, cervical spine stenosis, cervical spine displacement/radiculopathy, carpal tunnel syndrome, headaches, cervical disc degeneration, and sacroiliitis. Treatment has included oral medications, zero gravity chair, electro shock therapy, home exercise program, surgical intervention, and sacroiliac joint injection. Physician notes dated 3/6/2015 show complaints of neck, back, and right shoulder pain rated 6/10. Recommendations include spine and joint protecting techniques, exercise/strengthening review, non-medications option for depression, chronic pain and consultation for recommendations for future treatment, and medication review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Trazodone 100mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for 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 treating physician has failed to provide documentation of objective functional improvement with the use of this medication. She does however meet the criteria above for having insomnia with mild psychiatric symptoms. As such, the request for 90 tablets of Trazodone 100mg with 1 refill is not medically necessary.

60 tablets of Cyclobenzaprine 10mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants

should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended". As such, the request for 60 tablets of Cyclobenzaprine 10mg with 1 refill is not medically necessary.

120 tablets of Pentazocine-Naloxone 50-0.5mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, pentazocine and Naloxone (Narcan).

Decision rationale: MTUS states concerning naloxone "Partial agonist's antagonists: agents that stimulate the analgesic portion of opioid receptors while blocking or having little or no effect on toxicity. This group of opiates includes buprenorphine (Suboxone). Partial agonist's antagonists have lower abuse potential than pure agonists; however the side effects of this class of analgesics include hallucinations and dysphoria. Opioid antagonists such as naloxone are included in this class. They are most often used to reverse the effects of agonists and agonist-antagonist derived opioids." (Baumann, 2002) ODG states Recommended. Naloxone (Narcan) is recommended for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids. ODG states concerning pentazocine "Not recommended for the treatment of chronic pain. There is no evidence that supports the addition of pentazocine (Talwin) to decrease side effects from opioids, and see Opioids, Mixed agonists-antagonists, where it says that mixed agonists-antagonists, including butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin), have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation". The treating physician has not provided documentation of objective functional improvement with the use of this medication. In addition pentazocine is not recommended for chronic pain. As such, the request for 120 tablets of Pentazocine-Naloxone 50-0.5mg with 1 refill is not medically necessary.