

<b>Case Number:</b>	CM15-0092410		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	01/17/2001
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Indiana, 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 53-year-old female who sustained an industrial injury on 1/17/01. The injured worker was diagnosed as having lumbar spinal stenosis and major depressive disorder, recurrent episodes. Currently, the injured worker was with complaints of lower back pain with right leg numbness. Previous treatments included medication management. Physical examination was notable for right lumbar spasms with noted lumbar spasms and tightness with straight leg raising. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 400mg oral #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 400 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar spinal stenosis; and major depressive disorder, recurrent episodes. The earliest progress note dated March 17, 2014 shows the injured worker is taking ibuprofen 600 mg and hydrocodone. In a progress note dated August 18, 2014, the injured worker is taking Amitriptyline, Alprazolam, Naprosyn and Lidoderm 5% patches. The most recent progress note shows the injured worker is taking Naprosyn and Alprazolam. The most recent progress notes dated April 7, 2015. The request for authorization dated April 9, 2015 contains a request for ibuprofen 400 mg #90, Lorazepam 0.5 mg #30 and Trazodone 50 mg #30. There is no clinical indication or rationale in the medical record indicating a change from Naprosyn to Ibuprofen 400 mg. There is no evidence to recommend one drug in this class over another based on efficacy. Consequently, absent clinical documentation with a clinical indication and rationale for a change from Naprosyn to Ibuprofen 4 mg, Ibuprofen 400 mg #90 is not medically necessary.

**Lorazepam 0.5mg oral #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 0.5mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar spinal stenosis; and major depressive disorder, recurrent episodes. The earliest progress note dated March 17, 2014 shows the injured worker is taking ibuprofen 600 mg and hydrocodone. In a progress note dated August 18, 2014, the injured worker is taking Amitriptyline, Alprazolam, Naprosyn and Lidoderm 5% patches. The most recent progress note shows the injured worker is taking Naprosyn and Alprazolam. The most recent progress notes dated April 7, 2015. The request for authorization dated April 9, 2015 contains a request for ibuprofen 400 mg #90, lorazepam 0.5 mg #30 and Trazodone 50 mg #30. There is no clinical indication or rationale in the April 7, 2015 progress note indicating a change from Alprazolam to Lorazepam. There is no documentation in the medical record alprazolam is to be discontinued. Consequently, absent clinical documentation with a clinical indication and rationale for the change from Alprazolam to Lorazepam with a discontinuation of Alprazolam, Lorazepam 0.5mg #30 is not medically necessary.

**Trazodone HCL 50mg oral #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 (ODG), Mental Illness and Stress.

**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 section, Trazodone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone HCL 50 mg #30 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar spinal stenosis; and major depressive disorder, recurrent episodes. The earliest progress note dated March 17, 2014 shows the injured worker is taking Ibuprofen 600 mg and hydrocodone. In a progress note dated August 18, 2014, the injured worker is taking Amitriptyline, Alprazolam, Naprosyn and Lidoderm 5% patches. The most recent progress note shows the injured worker is taking Naprosyn and Alprazolam. The most recent progress notes dated April 7, 2015. The request for authorization dated April 9, 2015 contains a request for ibuprofen 400 mg #90, Lorazepam 0.5 mg #30 and Trazodone 50 mg #30. The documentation from April 17, 2015 does not contain a clinical indication or rationale for Trazodone. There was no documentation Amitriptyline was to be discontinued and there was no clinical indication or rationale for Trazodone. Consequently, absent clinical documentation with a clinical indication and rationale for Trazodone indicating whether Amitriptyline was to be discontinued or taken concurrently, Trazodone HCL 50 mg #30 is not medically necessary.