

Case Number:	CM15-0095935		
Date Assigned:	05/22/2015	Date of Injury:	07/31/2003
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on 7/31/03. The mechanism of injury was not noted in the records. The diagnoses have included status post anterior cervical fusion with residual neck and arm pain; status post left shoulder arthroscopy for impingement, history of right shoulder sprain/strain with persistent symptoms, bilateral carpal tunnel syndrome, lumbar spine strain/sprain with right disc protrusion and neuralforaminal narrowing. Treatment to date has included medications, diagnostics, surgery, injections, psychiatric, acupuncture, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/20/15, the injured worker complains of cervical spine pain that radiates to the bilateral upper extremities, persistent left shoulder pain, low back pain that radiates to the buttocks and thigh region, burning pain in the left buttocks and thigh, weakness and muscle spasm in the right foot and persistent depression. The pain is rated 4-6/10 on pain scale with use of medications and 10+/10 without medications, which is unchanged from previous visit. The injured worker notes 30-40 percent improvement in pain with the current medication regimen, improved ability to perform activities of daily living (ADL), decreased dependency on others and increase in quality of life in regards to pain reduction and function. She reports that she remains depressed. The physical exam reveals depressed and flat mood and moderately antalgic gait. There is bilateral cervical paraspinal tenderness with 40 percent restricted range of motion. The upper extremity exam reveals global weakness. The left shoulder exam reveals less tenderness to palpation over the acromioclavicular joint and 40 percent restriction with range of motion. The lumbar spine exam reveals bilateral tenderness with 1+ muscle spasm and range of motion is stiff and decreased. The lower extremity exam reveals positive straight leg raise on the right at 40 degrees and there is decreased sensation to light touch in the right L5, S1 and greater than L4 dermatome. The current medications included Norco and Trazadone. There is no diagnostic testing and no urine

drug screen noted in the records. The physician requested treatments included Trazodone for neuropathic pain in the right lower extremity (RLE) pain, Norco for breakthrough pain, Lyrica for neuropathic pain and complete metabolic panel to rule out any liver issues with long-term use of Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS section on antidepressants and the treatment of pain states: 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. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. (Perrot, 2006) (Schnitzer, 2004) (Lin-JAMA, 2003) (Salerno, 2002) (Moulin, 2001) (Fishbain, 2000) (Taylor, 2004) (Gijnsman, 2004) (Jick-JAMA, 2004) (Barbui, 2004) (Asnis, 2004) (Stein, 2003) (Pollack, 2003) (Ticknor, 2004) (Staiger, 2003) Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. (Finnerup, 2005) Trazodone, while in the antidepressant class, is not indicated per the California MTUS as a first line treatment choice for pain. There is no recorded failure of other first line antidepressant choices and therefore the request is not medically necessary.

Lab: Complete Metabolic Panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol Page(s): 11.

Decision rationale: The California MTUS section on Tylenol states: Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. Routine metabolic panel is not recommended when using this medication. There is no indication the patient has previous liver disease nor is dosing in excess. Therefore, the request is not medically necessary.