

<b>Case Number:</b>	CM15-0098523		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64 year old who has filed a claim for chronic low back, hip, ankle, and knee pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of February 3, 2010. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve requests for trazodone and lidocaine ointment apparently prescribed and/or dispensed on or around March 31, 2015. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant also reported issues with foot and leg pain, sometimes exacerbated by prolonged standing, sitting, and walking. The applicant had undergone earlier ORIF of the tibial plateau fracture, it was reported. It was suggested that the applicant was trying to cope with his chronic pain complaints and was trying to exercise, it was stated in one section of the note. In another section of the note, it was stated that the applicant was antalgic. The note was, at times, internally incongruous. The attending provider stated that the applicant was trying to find work in a different field in one section of the note while then stating, in another section of the note, that the applicant had developed depression owing to his inability to return to work. Trazodone, Norflex, and lidocaine ointment were renewed, it was suggested at the bottom of the report. In another section of the note, it was stated that the applicant was using Norflex, trazodone, lidocaine ointment, Tylenol, and Elavil. It was stated that the applicant was using trazodone for insomnia; however, the attending provider did not explicitly state whether or not ongoing usage of trazodone had or had not attenuated the applicant's issues with insomnia. On March 3, 2015, it was again acknowledged that the applicant had persistent pain complaints,

exacerbated by sitting, standing, and walking. The applicant was apparently looking for alternate work and was apparently not working, it was suggested at this point in time, despite completion of an earlier functional restoration program. Permanent work restrictions were renewed. The applicant was using Norflex, Desyrel, lidocaine, Tylenol, and Elavil, it was reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Trazodone 50mg QTY: 90 (DOS: 03/31/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as trazodone to exert their maximal effect, here, however, the applicant had been using trazodone for a minimum of several months. It did not appear that ongoing use of trazodone had attenuated issues with chronic pain-induced depression and/or insomnia. The attending provider did not explicitly state whether or not trazodone was or was not effective in attenuating the applicant's issues with depression and insomnia in progress notes of March 3, 2015 and March 31, 2015, referenced above. Therefore, the request was not medically necessary.

**Retrospective: Lidocaine 5% Ointment QTY: 1 (DOS: 03/31/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Similarly, the request for topical lidocaine ointment was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anti-convulsants, in this case, however, the attending provider did not explicitly state of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine ointment at issue. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was seemingly off of work, despite ongoing

usage of lidocaine ointment. Ongoing usage of lidocaine ointment failed to curtail the applicant's dependence on analgesic medications such as Norflex. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of the lidocaine ointment at issue. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the lidocaine ointment in question. Therefore, the request was not medically necessary.