

<b>Case Number:</b>	CM15-0099530		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/21/1997
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, California  
 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 72-year-old male, with a reported date of injury of 02/21/1997. The diagnoses include chronic bilateral shoulder pain, chronic bilateral knee pain, status post bilateral shoulder surgeries with residual pain, chronic pain syndrome, and bilateral upper extremity overuse syndrome and pain. Treatments to date have included oral medication; an MRI of the right shoulder on 06/15/2011 which showed sever rotator cuff tear, biceps tendon tear, and labral tear; an MRI of the left knee on 06/15/2011, which showed moderate tear of the distal 2 centimeter of the quadriceps tendon; right shoulder arthroscopy, and left shoulder arthroscopy in 1997. The progress report dated that 04/01/2015 indicates that the injured worker presented for pain management follow-up; and was there for medication refill. The injured worker stated that his pain was unchanged since the last visit. The objective findings include decreased range of motion with tenderness to palpation of the bilateral shoulders; decreased range of motion with tenderness to palpation of the bilateral knees; intact sensation throughout; normal motor throughout; and 2+ and equal deep tendon reflexes. The treatment plan included medication refill and follow-up in six weeks. The progress report dated 03/18/2015 indicates that the injured worker reported that he continued to have musculoskeletal pain involving his bilateral shoulders, elbow, and knees and the right hand trigger finger. The objective findings include deep tendon reflexes were 2+ and brisk in the bilateral lower extremities, no focal neurologic deficits, and normal motor exam in all extremities. The patient has had depression and anxiety and difficulty in sleeping. There was no documentation of increased pain relief or functionality. The treating physician requested Norco 10/325mg #60 and Trazadone 50mg #30 with one refill. The medication list include Oxycodone, Tizanidine, Trazodone Omeprazole, Simvastatin, Metformin and Lisinopril. The patient has had urine drug screen test on 10/9/12 that was negative for opioid. A recent urine drug screen report was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non-opioid medications, without the use of Norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 MG #60 is not established for this patient.

**Trazodone 50 MG #30 with 1 Refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "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)" The diagnoses include chronic bilateral shoulder pain, chronic bilateral knee pain, status post bilateral shoulder surgeries with residual pain, chronic pain syndrome, and bilateral upper extremity overuse syndrome and pain. Treatments to date have included oral medication; an MRI of the right shoulder on 06/15/2011 which showed severe rotator cuff tear, biceps tendon tear, and labral tear; an MRI of the left knee on 06/15/2011, which showed moderate tear of the distal 2 centimeter of the quadriceps tendon; right shoulder arthroscopy, and left shoulder arthroscopy in 1997. The progress report dated that 04/01/2015 the objective findings include decreased range of motion with tenderness to palpation of the bilateral shoulders; decreased range of motion with tenderness to palpation of the bilateral knees. The patient has had depression and anxiety and difficulty in sleeping. The sedative and antidepressant effect of trazodone are additional benefits in this patient. The request for Trazodone 50 MG #30 with 1 Refill is medically necessary and appropriate for this patient.