

<b>Case Number:</b>	CM14-0173028		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53 year old female with a date of injury of 03/20/2000. She had right elbow surgery (ulnar transposition), prior to 05/18/2005 with post surgical changes on a MRI that day. She also had right carpal tunnel release and De Quervain's release surgery on right. On 11/12/2013 her urine testing was negative and she was not taking any medication. This was after her multidisciplinary program. On 02/25/2014 her drug testing was positive for benzodiazepine, opiates and tricyclic antidepressants and there were attempts to decrease her pain medication. On 03/28/2014 it was noted that the cervicogenic headaches were causing most of her pain and that she had a spinal cord stimulator that was effective. Pain was 6/10. She was also taking Neurontin, Lunesta and Trazodone, Norco and MS Contin. She was P&S. On 09/17/2014 she had neck pain/headaches and right upper extremity complex regional pain syndrome. Her headaches responded to Botox injections on 06/09/2014. She uses Prozac for depression. Neuropathic pain is treated with Neurontin. She has difficulty sleeping at night and uses Lunesta and Trazodone. She has a suboccipital spine cord stimulator for pain relief. She is also taking Norco and MS Contin for pain. She had multiple cervical trigger points that were tender. She had decreased cervical range of motion. She had tenderness of the right medial elbow and decreased right shoulder range of motion. The right thumb and second digit were painful and Tinel's sign was positive. The lumbar spine was tender to palpation. Straight leg raising was positive bilaterally. She has 2 - 3 mm disc bulge in cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved package insert, Trazodone

**Decision rationale:** Trazodone is being taken HS to help the patient sleep. She is already taking Prozac for depression. Trazodone is FDA approved for major depression and is not FDA approved medication for assistance with sleep or for treatment of chronic pain. The use of Trazodone in this patient is experimental and investigative treatment. Therefore, the request is not medically necessary.

**Lunesta #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lunesta, FDA package insert

**Decision rationale:** The clinical trials used for FDA approval were for a maximum of 6 months with most studies being for 6 weeks. The continued use of Lunesta for more than 6 months as in this case is not consistent with FDA approval and is experimental and investigative treatment. Therefore, the request is not medically necessary.

**Neurontin #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 49.

**Decision rationale:** There is no dose stated for the requested Gabapentin. See above. MTUS, Chronic pain, Gabapentin notes, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. See Antiepilepsy." The patient does not have diabetes or post herpetic neuralgia but is treated for neuropathic pain. However, all guidelines imply that a specific dose is being prescribed. The unknown dose request is not consistent with MTUS guidelines. Therefore, the request is not medically necessary.