

<b>Case Number:</b>	CM13-0006165		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 63 year old female who suffered a work related injury on 02/02/01. No documentation of mechanism of injury. The injured worker was diagnosed with thoracolumbar musculoligamentous sprain/strain with underlying 3mm disc protrusion at L4-5, 2mm disc protrusion at L5-S1, disc bulging at T11-12 with multiple facet arthrosis and spondylolisthesis at L4 on L5 per MRI and radiographs. Left knee sprain strain with underlying moderate to severe degenerative joint disease and history of arthroscopies in 1992 and 1994. Left shoulder sprain/strain and right ankle sprains. Most recent follow up visit on 01/09/14 noted that she underwent MR arthrography of the left knee a week prior. The injured worker had continued left knee pain and buckling and giving away. The injured worker had difficulty with walking which was associated with knee pain. The injured worker had increased low back pain due to her abnormal gait. The injured worker noted that the shoulder pain had improved. The injured worker was prescribed the following medication, Norco for chronic pain syndrome, Prilosec for dyspepsia due to medication use, Robaxin for treatment due to spasms, doxepin, and Dendracin lotion for treatment of osteoarthritis of peripheral joints since the patient could not tolerate oral NSAIDs. Upon examination of the left knee it revealed tenderness over the peripatellar and medial joints with swelling. Crepitus was present and range of motion was limited on flexion/extension. Physical examination of the thoracolumbar spine there was mild tenderness. Mild increase in the thoracic kyphosis and lumbar lordosis. Mild tenderness to palpation over the paraspinal musculature with mild spasm. On palpation in the lumbar spine, mild paraspinal tenderness and spasm. There was midline tenderness over the lumbosacral junction. Straight leg raise elicited increased back pain, absent radicular component bilaterally. Range of motion of the thoracic spine lumbar spine was limited in all planes. Clinical documentation submitted for review, there was one urine drug screen which was consistent. In reviewing all the records, there

were no visual analog scale scores. Nor were there any clinical documentation showing functional improvement. The injured worker had a prior utilization review on 07/08/13 and was non-certified for Vicodin ER, Prilosec, Trazodone, and Zanaflex. Current request was for 90 vicodin ER quantity unknown, Prilosec 20mg quantity unknown, Trazadone 50mg, quantity unknown, and Zanaflex 4mg quantity unknown.

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

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

#### **VICODIN ER #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioids.

**Decision rationale:** The request for 90 vicodin ER, quantity unknown is not medically necessary. The clinical documentation submitted for review does not support the request for Vicodin. There is no documentation of functional improvement, no significant decrease in pain. Current evidence based guidelines suggest, The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Because these factors were not available in the reviewed records, the request cannot be deemed as medically necessary.

#### **PRILOSEC 20MG: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAID, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs).

**Decision rationale:** The request for Prilosec 20 mg is medically necessary. The clinical documentation submitted for review does support the request for Prilosec. She has dyspepsia due to medication use. Therefore, medical necessity has been established based on Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

#### **TRAZODONE 50MG: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental health and stress, Trazodone (Desyrel).

**Decision rationale:** The request for Trazodone 50 mg is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of depression or sleep disturbance. Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. As such, medical necessity has not been established.

**ZANAFLEX 4MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANT,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Muscle relaxants (for pain).

**Decision rationale:** The request for Zanaflex 4mg is not medically necessary. The current based guidelines do not support the request for zanaflex. Is FDA approved for management of spasticity; unlabeled use for low back pain. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Therefore medical necessity has not been established.