

<b>Case Number:</b>	CM13-0032218		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 57 year old female presenting with chronic neck and back pain as well as psychogenic pain following a work related injury on June 6, 2010. The claimant described worsening neck pain on December 17, 2013. The pain radiates into the upper extremities up to the elbow, right greater than left side. The pain is aggravated with extension and alleviated with flexion. The low back pain radiates down the right lower extremity up to the knee. The pain is aggravated with prolonged sitting and is alleviated with movement and changing positions. The claimant reports some nausea and vomiting associated with her medications. The claimant has a history of gastroesophageal reflux and headaches. MRI of the lumbar spine from May 9, 2012 was significant for L4-5 circumferential 2-3 mm disc bulge with slight right paracentral protrusion with mild bilateral facet arthropathy and foraminal narrowing, L2-3 and L3-4 mild disc degeneration with 2 mm circumferential bulges and mild bilateral foraminal narrowing. MRI of the cervical spine from May 9, 2012 was significant for C4-5 disc degeneration and bulging with broad 3 mm central protrusion causing mild central canal stenosis with mild cord compression and marked bilateral foraminal stenosis, C6-7 mild disc degeneration with 2-3 mm bulge and slight central trusion causing mild central canal stenosis with mild cord compression and moderate bilateral foraminal stenosis, C5-C6 moderate disc degeneration with 2 mm bulge causing moderate bilateral foraminal narrowing. C3-4 fused lateral elements, ossification of posterior longitudinal ligament suspected at C4-5-2 minutes C7 contributing to central canal stenosis. The claimants physical exam was significant for limited range of motion of the cervical spine, Spurling's maneuver eliciting radicular symptoms, increased muscle tone of the trapezius, palpable tenderness to spinous process of C6 and C7, decreased sensation in the right C5 distribution with light touch and p

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro trazadone 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

**Decision rationale:** Trazodone is not medically necessary. Trazodone is a tetracyclic anti-depressant medication. Ca MTUS page 13-14 states that antidepressants for chronic pain are recommended as first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effects take longer to occur. Assessment of treatment efficacy should include not only pain outcomes but also in evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, include excessive sedation (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) (Gijssman, 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. The claimant had an injury in 2010. The medical records did not document treatment efficacy including pain outcome, function, changes in medication, sleep quality and duration or even provide a true psychological assessment. Given the lack of positive response to the medication as the patient continued to display psychogenic pain as well as permanent disability, Trazadone is not medically necessary.

### **Retro protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Protonix 20 mg # 60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of

Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Protonix is therefore, not medically necessary.

**Retro Prozac 20mg #30: 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) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

**Decision rationale:** Prozac is not medically necessary. Prozac is a SSRI anti-depressant medication. Ca MTUS page 13-14 states that antidepressants for chronic pain as recommended as first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effects takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes but also in evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, include excessive sedation (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) (Gijssman, 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. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. (Chou, 2007) Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. The claimant had an injury in 2010. The medical records did not document treatment efficacy including pain outcome, function, changes in medication, sleep quality and duration or even provide a true psychological assessment. Additionally, SSRIs are not recommended for back pain. Given the lack of positive response to the medication as the patient continued to display psychogenic pain as well as permanent disability, Prozac is not medically necessary.

**Retro tramadol HCL ER 150mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 79.

**Decision rationale:** Tramadol HCL ER 150mg is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.