

<b>Case Number:</b>	CM13-0040161		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 44 year old male who was injured on 03/14/2010 while on his delivery route he was attempting to disconnect the back trailer on his rig and lost his footing on the slippery surface and his right foot went out from under him but he was able to catch himself before he hit the ground. Prior treatment history has included three epidural injections to the lower back with a 50% decrease in pain. He has received physical therapy which did not reduce the pain to the lumbar spine. Medications include: Tramadol, Prilosec, Remeron, Zanaflex, Prozac, and Naprosyn. He also uses topical cream Ketoprofen, Gabapentin and Tramadol. UDA dated 05/13/2014 revealed positive results for Tramadol; prescribed medications listed include Prilosec, Naproxen, and Prozac. Psych evaluation dated 12/16/2013 documents the patient is significantly in a depressed state accompanied by flat affect. He admitted to frequent suicide but refused to comment on any specific plan or method. His speech was generally low in volume, slow in delivery and lacked normal modulation. His gait and posture were visibly affected. The patient meets 6 of the 9 criteria for presence of a single major depressive disorder. It was advised that the patient receive 2 to 15 sessions of supportive therapy. Comprehensive orthopedic re-evaluation dated 05/13/2014 indicated the patient had severe neck pain, severe low back and mid back pain. On exam, his grip strength on the right is 65/55/60 and the left 45/40/40. He had a slow gait. Straight leg raise test revealed sitting straight leg raise is 80 bilaterally and lying straight leg is 50 bilaterally. Motor exam is 4/5 in all planes. Diagnoses are cervical spine sprain/strain; thoracic spine sprain/strain with degenerative discs and spurring; herniated nucleus pulposus with radiculopathy at L5-S1 plus posterior collapse of the disc space; insomnia; and anxiety. The treatment and plan included renewal of his medications, topical creams of Ketoprofen, Gabapentin and Tramadol. He was given Tramadol 150 mg #60, Naprosyn 550 mg #60, Prozac 20 mg #60 and Prilosec 20 mg #90. Utilization report dated 11/09/2013 denied the

request for urine toxicology because the injured had constant pain despite the use of Tramadol. Given the lack of increased function opiates are not supported, therefore, the request is not supported as medically necessary. The request for Tramadol 150 mg ER #30, opiates can deplete endorphins and cause depression. Given the unchanged subjective complaints, and the fact that he has not worked since 2011 despite ongoing opiates, opiates are not supported. The request for Naproxen 550 mg was also denied because despite that the patient is using Naproxen the patient did not improve. With regards to the request for Prilosec 20 mg, prolonged use can increase the risk of fracture and cause rebound hyperacid secretion with low magnesium level, therefore the request is not medically necessary. The request for Prozac, treatment in this case would be not to add another medication but to stop opiates. The depression that the patient has is due to opiates and the request is not medically necessary and appropriate.

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

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

#### **RETROSPECTIVE URINE TOXICOLOGY TEST FOR DOS 9/17/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going Management Page(s): 77-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Pain Chapter, Urine Drug Testing (UDT); and ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, & Opioids, indicators for addiction Page(s): 43 ; 87-91.

**Decision rationale:** According to the CA MTUS guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The treating physician had not documented any aberrant or suspicious drug seeking behavior. Furthermore, the medical records do not establish that continued use of opiates, such as Tramadol, is medically indicated as there is no evidence of objective improvement with the patient's chronic use. Consequently, in the absence of issues of misuse of opiates and medical necessity of opiates, the requested urine toxicology test is not supported within the evidence based guidelines, it does not appear that the urine drug screen was necessary. The urine toxicology test was not medically indicated. The request is not medically necessary and appropriate.

#### **TRAMADOL ER 150MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 94,93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), & Opioids Page(s): 113; 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. The comprehensive Ortho re-evaluation dated 05/13/2014, indicated the patient had complaints of severe neck pain, severe low back and mid back pain. Physical examination documented grip strength, negative and symmetrical SLR test, and symmetrical motor strength of the bilateral lower extremities. The medical records do not indicate the patient has obtained an improvement in pain and function with use of Tramadol ER. The patient continues to complain of severe pain levels; pain relief with medication use is not demonstrated. It is noted that although the examination findings are unremarkable, the patient does not describe any improvement with medication use and has not returned to work since 2011. The guidelines indicate opioids may be continued if the patient has returned to work, and if the patient has improved functioning and pain. If there is no overall improvement, opioids should be discontinued. Furthermore, the guidelines state Tramadol should not be prescribed to patients that are at risk for suicide or addiction. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. According to the psych evaluation dated 12/16/2013, the patient admitted to frequent suicide but refused to comment on any specific plan or method, and was considered to present in a significantly depressed state, and met 6 of the 9 criteria for presence of a single major depressive disorder. It appears the patient's depression is the result of chronic opiate use, and thus another reason this medication should be discontinued. Therefore, the requested Tramadol ER is not supported. The request is not medically necessary and appropriate.

**NAPROXEN 550MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 63,68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** According to the CA MTUS, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. According to the 5/13/2014 orthopedic re-evaluation, the patient continues complaints of severe neck pain, severe low back and mid back pain. Physical examination findings were unremarkable. There is no indication that the patient has had any improvement with use of Naproxen, nor that he recently presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines. The medical

necessity of the request is not established. The request is not medically necessary and appropriate.

**PRILOSEC 20MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (GI) Gastrointestinal Symptoms & Cardiovascular Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The CA MTUS guidelines state medications such as Prilosec (Omeprazole) may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The patient does not describe any GI distress. Furthermore, the medical records do not establish that Naproxen is medically necessary. The medical records do not establish this patient is at significant risk for GI events. The medical necessity of the request is not established by the medical records, and is not supported by the evidence-based guidelines. Therefore the request is not medically necessary and appropriate.

**PROZAC 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Fluoxetine (Prozac®).

**Decision rationale:** According to the CA MTUS guidelines, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. The Official Disability Guidelines state Prozac may be recommended as a first-line treatment option for major depressive disorder. As documented above, the medical records indicated the patient's previously documented depressive presentation is secondary to chronic opiate use. According to the Psych evaluation dated 12/16/2013, the patient admitted to frequent suicide ideations, but refused to comment on any specific plan or method, and was considered to present in a significantly depressed state and met 6 of the 9 criteria for presence of a single major depressive disorder. It appears the patient's depression is the result of chronic opiate use. The medical records do not document the patient's response to Prozac. Furthermore, Tramadol ER is not recommended to be continued. The

medical necessity of Prozac has not been established. The request is not medically necessary and appropriate.