

<b>Case Number:</b>	CM13-0055883		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine & Rehabilitation, 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 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 patient is a 58 year old female who was injured on 10/01/2011 while bending down while carrying some plates. She felt a cracking sensation in her lower back. Treatment history included acupuncture, chiropractic treatments, physical therapy, and medications. A clinic note dated 11/05/2013 documented objective findings on exam included thoracolumbar spine: tenderness at the right paraspinal muscle and tenderness at the left paraspinal muscle. Ranges of motion were as follows: Flexion: Patient 20 (normal 70); Extension: Patient 5 (normal 30); Right lateral bending: Patient 10 (normal 25) Left lateral bending: Patient 10 (normal 25); Right rotation: Patient 15 (normal 30); Left rotation: Patient 20 (normal 30). Lumbar spine: Gait was slow and sitting straight leg raise was negative bilaterally. Neurologic examination of the lumbar spine: Reflexes: Knee jerks were bilaterally 2+ and symmetrical. Ankle jerks were 2+ and symmetrical. Babinski sign was negative. Motor: Dermatome L1 to S1 was normal. Detailed motor examination of the lower extremities testing roots from L1 to S1 was normal with all muscle groups testing 5/5. Specifically tested were resisted hip flexion, hip extension, knee flexion, knee extension, ankle dorsiflexion, ankle eversion, ankle plantar flexion and toe extension. The patient was diagnosed with depression, multilevel lumbar disc herniation, and lumbosacral strain with radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 1 tablet every 4-6 hours for pain, #60, with 1 refill (medication for 6-9 months):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** According to the MTUS guidelines, 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Based on current documentation, there is no evidence of functional improvement from long-term use of this medication. Records do not indicate that the employee reported decrease in pain level or objective functional improvement with use of this medication. There is insufficient documentation on the employee's improvement with activities of daily activity. Therefore, the request for Ultracet 1 tablet every 4-6 hours for pain #60, with 1 refill (medication for 6-9 months) is not medically necessary. Additionally, the guidelines recommend slow tapering/weaning process of the individuals using long term opioids due to risk of withdrawal symptoms.

**Prilosec 20mg, 1 tablet by mouth every day as needed, #60, with 1 refill (medications for 6-9 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; and the FDA (Omeprazole)

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

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Guidelines indicate that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. According to the records submitted for review, there is no documentation of any complaints of abdominal discomfort or evidence of any GI disorders. Therefore, the request for Prilosec 20mg, 1 tablet by mouth every day as needed #60, with 1 refill (medications for 6-9 months) is not medically necessary.

**Trazodone 50mg, #30, 1 tablet by mouth at hour of sleep as needed with 2 refills (medications for 6-9 months): 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), Mental Illness and Stress Chapter

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

**Decision rationale:** According to the MTUS guidelines, Trazodone is recommended as an option for insomnia. There is limited evidence to support its use for insomnia. The provider's notes indicated this medication is used for PRN basis only. A most recent note dated 10/28/2013 indicates that the employee was seeing a psychiatrist and attending psychotherapy, however, there is no documentation of any subjective or objective findings on the employee's sleep habit and pattern. Therefore, the request for Trazodone 50mg #30, 1 tablet by mouth at hour of sleep as needed with 2 refills (medications for 6-9 months) is non-certified.