

<b>Case Number:</b>	CM14-0002503		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 50-year-old female with date of injury of 04/01/2010. Per progress report 10/31/2013, the patient presents with low back pain with pain severity at 3/10, some heartburns from pain medications managed well with pantoprazole. The pain is constant unremitting despite different body positioning, worse with prolonged activities. The listed diagnoses are: lumbar strain, discogenic pain, facet pain, lumbosacral radiculopathy, hip pain, trochanteric bursitis, chronic pain, meralgia paresthetica. For medications, the patient was to continue buspirone, cyclobenzaprine 7.5 mg, diclofenac, ibuprofen, pantoprazole, trazodone for insomnia from pain, nerve pain, Norco 1 every 8 hours for breakthrough pain #90 with refills #3, and Effexor. This report states "no substantial changes, but we will move to MS Contin 15 mg twice daily to replace the methadone which increased her heart rate and we will see if this helps with long acting pain control since the Duragesic has apparently been denied unfortunately." There is a urine drug screen dated 10/31/2013 with consistent results. A 10/01/2013 report has the patient 8/10 in the low back, bilateral lower extremities worse in the right side. "Some help with medications, when approved result in heartburn treatment with pantoprazole, the better, though not working really for her, causing increased blood pressure." "Norco 7.5 was too strong for her." Naprosyn works inadequately and feels too strong. A 12/26/2013 report is also reviewed. The patient's medication apparently changed to Nucynta and apparently had a negative opioid, hydrocodone on urine drug screen. No discussion regarding medication efficacy. The 12/09/2013 report is also reviewed. Low back pain is at 4/10, recognized the denial letter for Trazodone and Norco. Under medication list, the patient is being tried on Nucynta for nerve pain, skeletal pain in place of the denied Norco. &#8195;

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TRAZODONE 50MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER Insomnia.

**Decision rationale:** This patient presents with chronic low back pain at an intensity that range from 3/10 to 7/10. The request is for Trazodone 50 mg for insomnia to treat pain. Despite review of number of different reports from 10/01/2013 to 12/26/2013, there is not a single discussion regarding how effective this medication has been for the patient's insomnia. The use of this medication would be indicated based on the patient's diagnosis of insomnia and also concurrent depression issues for which she is being treated with Effexor as well. The Official Disability Guidelines (ODG) does support use of Trazodone for insomnia when the patients have concurrent depression. However, the MTUS Guidelines require documentation of pain and function when medications are used for chronic pain. In this case, the treating physician does not mention whether or not this medication has been helpful and with what benefit. The recommendation is for denial. &#8195;

### **NORCO 10/325MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

**Decision rationale:** This patient presents with chronic low back pain for which the patient is being prescribed Norco #90. The patient has been tried on various different medications without much benefit. A review of the reports show that the patient has been prescribed various different opiates but there are no documentations regarding pain reduction, what impact the medications have had on the patient's activities of daily living, et cetera. The MTUS guidelines on chronic opiates use require documentation of "pain assessments" that include average pain and least pain, current pain, duration, pain relief with medication use. The MTUS also requires documentation of the 4 A's including analgesia, activities of daily living, adverse effects, adverse drug seeking behavior. In this case, no pain reduction is documented. No activities of daily living (ADLs) are documented. There is a discussion of drug toxicology monitoring. However, given lack of any documentation regarding efficacy of Norco, recommendation is for denial. One of the reports indicates that Norco 7.5 mg is too strong for this patient. It is apparent that this medication is not

tolerated very well. Trial of Norco does not appear to have been indicated either given the lack of functional improvement or documentation of pain reduction with prior opiates use on this patient. The recommendation is for denial.