

<b>Case Number:</b>	CM14-0105679		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/23/1999
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 66-year-old male with a reported date of injury on 03/23/1999. The mechanism of injury was not provided within the medical records. The injured worker is diagnosed with lumbosacral radiculitis, myofascial pain, osteoarthritis of the bilateral knees, degenerative joint disease of the right shoulder, neuralgia of the right shoulder and drug dependence. Prior treatments were not provided within the medical records. The injured worker previously underwent a cervical spine fusion in 2003, right shoulder rotator cuff repair, right shoulder arthroscopy and debridement, lumbar laminectomy and fusion in 2002, lumbar fusion at L1-5 in 2002, right total knee arthroplasty and bilateral knee arthroscopies. The clinical note dated 06/10/2014 noted the injured worker reported pain at the bilateral low back, pubic area, anterior/posterior thigh/legs, dorsal feet, and right anterior/posterior shoulder. The injured worker described the pain as sharp, stabbing, shooting, aching, and burning. The injured worker indicated he had tingling and numbness. The injured worker's pain was alleviated with medications and exacerbated with physical activity. The provider indicated the injured worker had mild anxiety and mild depression. The injured worker's blood pressure was 136/80. The physician noted a urine drug screen was performed at the visit. The urine drug screen report dated 06/10/2014 was positive for opiates and TCA (Tricyclic Antidepressant). The clinical note dated 06/24/2014 noted the injured worker reported pain rated 8/10 to 10/10. The injured worker indicated his pain was alleviated with medications and rest and his pain was exacerbated with bending, lifting and prolonged walking. The injured worker reported that without his medication he would not be able to walk. The injured worker reported increased weakness to his left lower extremity and indicated he was only able to walk short distances and that he had to use a wheelchair. The injured worker had mild anxiety and mild depression. The clinical note

07/22/2014 noted the injured worker reported pain to the bilateral lower back, pubic area, anterior/posterior thigh/legs, dorsal feet, and the right anterior/posterior shoulder. The injured worker reported pain rated 8/10 to 9/10, which was alleviated with medication and exacerbated with physical activity. The injured worker's medication regimen included cyclobenzaprine, Effexor XR 150 mg, Effexor XR 75 mg, Felodipine, hydrochlorothiazide, hydrocodone 10 mg/acetaminophen 325 mg, morphine ER 15 mg, Neurontin 300 mg, Trazodone 50 mg and Zolpidem 10 mg. The provider recommended Zolpidem at bedtime for 30 days. The physician's treatment plan included recommendations for refilling medications and a follow-up 4 weeks after the visit on 07/22/2014. The rationale and the Request for Authorization form were not provided within the medical records.

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

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

**Ambien 10 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary, Zolpidem and Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Insomnia treatment.

**Decision rationale:** The Official Disability Guidelines note Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. There is lack of documentation indicating the injured worker has significant insomnia for which the medication would be indicated. There is lack of documentation indicating the injured worker has objective improvement in sleep maintenance, reduction in time to sleep onset and increase in next day functioning, as well as avoidance of residual effects. Per the provided documentation the injured worker has been prescribed this medication since at least 01/2014. The continued use of Ambien would exceed the guideline recommendations for short term use. Additionally, the request does not indicate the frequency at which the medication is prescribed or the quantity being requested in order to determine the necessity of the medication. As such, the request for Ambien 10 mg is not medically necessary and appropriate.

**Cyclobenzaprine 10 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Pain Procedure Summary, Low Back Chapter, Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the provided documentation there is a lack of documentation indicating the injured worker has significant muscle spasms for which Cyclobenzaprine would be indicated. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker has been prescribed this medication since at least 01/2014. The continued use of Cyclobenzaprine would exceed the guideline recommendations for short term use. Additionally, the request does not indicate the frequency at which the medication is prescribed and the quantity being requested in order to determine the necessity of the medication. As such, the request for Cyclobenzaprine 10 mg is not medically necessary and appropriate.

**Effexor XR 150 mg:** 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 Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The California MTUS guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note antidepressants are recommended for patients with neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The guidelines note antidepressants are recommended for patients with non-neuropathic pain as an option in depressed patients, but effectiveness is limited. The guidelines note Venlafaxine is FDA-approved for anxiety, depression, panic disorder and social phobias and is used off-label for fibromyalgia, neuropathic pain, and diabetic neuropathy. There is lack of documentation indicating the injured worker previously failed a trial of tricyclic antidepressants prior to the usage of Effexor XR. There is lack of documentation indicating the injured worker has significant objective functional improvement with the use of the medication. There is lack of documentation demonstrating decreased pain with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed, as well as the quantity being requested in order to determine the medical necessity of the medication. As such, the request for Effexor XR 150 mg is not medically necessary and appropriate.

**Effexor XR 75 mg:** 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 Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The California MTUS guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note antidepressants are recommended for patients with neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The guidelines note antidepressants are recommended for patients with non-neuropathic pain as an option in depressed patients, but effectiveness is limited. The guidelines note Venlafaxine is FDA-approved for anxiety, depression, panic disorder and social Phobias and is used off-label for fibromyalgia, neuropathic pain, and diabetic neuropathy. There is lack of documentation indicating the injured worker previously failed a trial of tricyclic antidepressants prior to the usage of Effexor XR. There is lack of documentation indicating the injured worker has significant objective functional improvement with the use of the medication. There is lack of documentation demonstrating decreased pain with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed, as well as the quantity being requested in order to determine the medical necessity of the medication. As such, the request for Effexor XR 75 mg is not medically necessary and appropriate.

**Felodipine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

**Decision rationale:** The Official Disability Guidelines note calcium channel blockers are recommended as first line, second addition medication. The guidelines recommend the use of calcium channel blockers after the first line first choice medications including ACE inhibitors and angiotensin II receptor blockers. Per the provided documentation, the injured worker's blood pressure was 136/80. There is a lack of documentation indicating the injured worker's blood pressure was significantly elevated prior to beginning this medication. There is lack of documentation demonstrating the effectiveness of the medication as well as evidence of decreased blood pressure. There is a lack of documentation indicating the injured worker tried and failed treating their blood pressure with ACE inhibitors or angiotensin 2 receptor blockers prior to utilizing Felodipine. Additionally, the request does not indicate the frequency at which the medication is prescribed, the strength of the medication being requested, as well as the quantity being requested in order to demonstrate the necessity of the medication. As such, the request for Felodipine is not medically necessary and appropriate.

### **Hydrochlorothiazide: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, HCTZ(hydrochlorothiazide).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

**Decision rationale:** The Official Disability Guidelines note Hydrochlorothiazide (HCTZ) is recommended as first line, third addition medication. The guidelines recommend the use of Hydrochlorothiazide (HCTZ) after the first line first choice medications including ACE inhibitors and angiotensin II receptor blockers and calcium channel blockers. Per the provided documentation, the injured worker's blood pressure was 136/80; however, there is a lack of documentation indicating the injured worker's blood pressure was significantly elevated prior to beginning this medication. There is lack of documentation demonstrating the effectiveness of the medication as well as evidence of decreased blood pressure. There is a lack of documentation indicating the injured worker tried and failed treating their blood pressure with ACE inhibitors or angiotensin 2 receptor blockers prior to utilizing Hydrochlorothiazide. Additionally, the request does not indicate the frequency at which the medication is prescribed, the strength of the medication being requested, as well as the quantity being requested in order to demonstrate the necessity of the medication. As such, the request for Hydrochlorothiazide is not medically necessary and appropriate.

### **Hydrocodone/APAP 10/325: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Within the provided documentation the requesting physician did not include an adequate and complete assessment of the injured worker's pain. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker is prescribed 45mg of MS Contin and 30mg of Hydrocodone/APAP per day, which exceeds the guideline recommendation of taking no more than 120 morphine equivalents per day. Additionally, the request does not indicate the frequency at which the medication is prescribed, as well as the quantity of the medication being

requested in order to determine the medical necessity of the medication. As such, the request for Hydrocodone/APAP 10/325 is not medically necessary and appropriate.

**MS Contin Extended Release 15 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Within the provided documentation the requesting physician did not include an adequate and complete assessment of the injured worker's pain. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker is prescribed 45mg of MS Contin and 30mg of Hydrocodone/APAP per day, which exceeds the guideline recommendation of taking no more than 120 morphine equivalents per day. Additionally, the request does not indicate the frequency at which the medication is prescribed, as well as the quantity of the medication being requested in order to determine the medical necessity of the medication. As such, the request for MS Contin extended release 15 mg is not medically necessary and appropriate.

**Neurontin 300 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) & Gabapentin (Neurontin) Page(s): 16-22, 49.

**Decision rationale:** The California MTUS guidelines note Gabapentin is an anti-epilepsy drug, which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation the requesting physician did not include an adequate and complete assessment of the injured worker's pain. There is lack of documentation indicating the injured worker has significant objective functional improvement with the use of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed,

as well as the quantity of medication being requested in order to determine the medical necessity of the medication. As such, the request for Neurontin 300 mg is not medically necessary and appropriate.

**Trazodone 100 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**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 & Stress, Trazodone.

**Decision rationale:** The Official Disability Guidelines note Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The guidelines note there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The guidelines note other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. Within the provided documentation there is lack of documentation indicating the injured worker has significant insomnia. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The physician's rationale for request is not indicated within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed, as well as the quantity of medication being requested in order to demonstrate the medical necessity of the medication. As such, the request for Trazodone 100 mg is not medically necessary and appropriate.

**Trazodone 50 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**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 & Stress, Trazodone.

**Decision rationale:** The Official Disability Guidelines note Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The guidelines note there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The guidelines note other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. Within the provided documentation there is lack of documentation indicating

the injured worker has significant insomnia. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The physician's rationale for request is not indicated within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed, as well as the quantity of medication being requested in order to demonstrate the medical necessity of the medication. As such, the request for Trazodone 50 mg is not medically necessary and appropriate.