

<b>Case Number:</b>	CM14-0106895		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 06/15/2000, due to an unspecified cause of injury. The injured worker had a history of lower back pain and neck pain. The injured worker had diagnoses of displacement of lumbar disc without myelopathy, cervical cranial syndrome, degenerative cervical intervertebral disc, lumbago, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbosacral intervertebral disc, cervicgia, myalgia and myositis, spasm of the muscle, and post laminectomy syndrome of the lumbar region. The MRI revealed to the thoracic/lumbar area to follow-up with a specialist for hardware removal. The CT dated 10/26/2011 of the lumbar spine revealed diffuse degenerative changes, degenerative disc disease, and posterior anterior fusion at the T11-12 with facet sclerosis; at the T12-L1, mild disc bulge, 1.0 mm hypertrophy, and L4-5 broad-based disc bulge. The medications included Cymbalta 20 mg, Fentora 400 micrograms, effervescent, intermezzo 3.5 mg, Lexapro, Miralax, morphine 15 mg, and Valium 5 mg. The injured worker reported his average pain since last visit is a 10/10, and functional level since last visit is a 10/10. The physical examination dated 06/30/2014 revealed the axial lower back pain with an ongoing T-level pain and hardware pain, also neck pain and cervicogenic headache, antalgic gait, occiput tenderness to the neck region, and a cane for assistance. The injured worker was noted for past surgical fusion at the L1-3 and the L4-5. The treatment plan included the agreement and informed consent regarding the 4 A's to include analgesia, adverse side effects, activity level, and abuse/addiction. The Request for Authorization dated 07/30/2014 was submitted with documentation. The rationale for the diazepam 5 mg, Escitalopram oxalate 10 mg, Trazodone HCL 100 mg, and Fentora 400 mcg was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg x 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California MTUS guidelines do not recommend Benzodiazepines for long-term use and most guidelines limit use to 4 weeks. Per the guidelines Benzodiazepines should be limited to 4 weeks. Per the clinical notes provided the injured worker had been prescribed diazepam on 04/01/2014 and again on 06/30/2014, exceeding the 4 week window. The request did not address the frequency. As such, the request is not medically necessary.

**Escitalopram Oxalate 10mg x 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 SSRIs (selective serotonin reuptake inhibitors), Trazodone, Prozac, Fluoxetine Page(s): 107.

**Decision rationale:** The California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. Per the clinical notes provided the injured worker did not have a diagnosis of depression. Escitalopram Oxalate is indicated to treat major depressive disorder. Escitalopram is not recommended for the treatment of lower back pain. The request did not address the frequency. As such, the request is not medically necessary.

**Trazodone HCL 100mg x 30 +2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter: Trazodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Head, Insomnia treatment.

**Decision rationale:** The Official Disability Guidelines indicate that selective antidepressants such as amitriptyline, Trazodone, and mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease

of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The documentation provided did not indicate any symptoms the injured worker was currently experiencing from insomnia. The clinical notes did not address the length of time the injured worker had been taking the Trazodone. Per the guidelines indicate a tolerance may develop and rebound effect after discontinuation. The request did not address the frequency. As such, the request is not medically necessary.

**Fentora 400mcg #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentora (fentanyl buccal tablet) Page(s): 47.

**Decision rationale:** The California MTUS do not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained. There was not additional documentation to indicate that conservative therapies have failed. Fentora is recommended for cancer patients. Per the 06/30/2014 clinical notes under tried/failed Fentora is one of the listed medications. Although the 04/01/2014<sup>7</sup> treatment plan included the discussion of aberrant drug taking behavior the injured worker should be assessed to include a urine drug test periodically. The request did not address the frequency. As such, the request is not medically necessary.