

<b>Case Number:</b>	CM14-0120619		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/19/2002
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 70 year old patient had a date of injury on 7/19/2002. The mechanism of injury was not noted. In a progress noted dated 7/21/2014, subjective findings included constant moderate-severe left lower back pain preventing him from activities of daily living (ADL), walking, standing, and sitting for more than 15 minutes. He is unable to sleep due to pain. Back is cramping and pain is spreading to left leg. Trazodone is helping sleep. On a physical exam dated 7/21/2014, objective findings included tenderness on palpation of left shoulder, spasms at left trapezius, moderate-severe tenderness at the lumbosacral paraspinal muscles. Diagnostic impression shows post lumbar decompression surgery, left L4-5 radiculopathy, gastritis, restless leg syndrome, and arthritis of shoulder and spine. Treatments to date include medication therapy, behavioral modification, left shoulder arthroscopy 11/20/2013, and spinal fusion in 2011. A UR decision dated 7/24/2014 denied the request for ultram 50mg #60 and norco 5/325 #60, stating no documentation of current drug test, risk assessment profile, attempt at weaning/tapering, pain contract, and ongoing medication efficacy. Furthermore, the patient is currently on Ultracet and Vicodin. Trazodone 50mg #90 was denied, stating no objective functional improvement or progressive return to work noted. Prilosec 20mg #30 was denied, stating no documentation of non-steroidal anti-inflammatory drug (NSAID) use. Physical therapy 2 times 4 was denied, stating that the injury is more than 12 years old and has had physical therapy in the past with noted benefit. 6 visits are reasonable in an attempt to return the claimant to optimal function and transition to HEP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In a progress report dated 7/21/2014 the patient was noted to be on Vicodin and Ultracet for pain. No rationale was provided as to why Ultram was needed in addition to the Vicodin and Ultracet. Furthermore, there was no evidence of urine drug screens or pain contract. Therefore, the request for Ultram 50mg #60 is not medically necessary.

**Trazodone 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants.

**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 chapter Trazodone

**Decision rationale:** MTUS does not apply. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In a progress note dated 7/21/2014, there was no discussion of the patient experiencing any psychiatric symptoms such as depression or anxiety. Furthermore, it was unclear if the patient has attempted over the counter sleep aids such as diphenhydramine to justify the use of this medication. Therefore, the request for Trazodone 50mg #90 is not medically necessary.

**Prilosec 20mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor (PPI) used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the

medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In a progress report dated 7/21/2014, the patient complains of severe heartburn and stomach irritation. Therefore, the request for Prilosec 20mg #30 is medically necessary.

**Physical Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114; Official Disability Guidelines (ODG) low back chapter

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 10 visits over 8 weeks for lumbar sprains and strains. In the reports viewed, it was noted that this patient had 8 physical therapy visits in 6/2013 for lower back pain and felt more functional. However, in a recent progress note dated 7/21/2014, the patient claims that Vicodin and Ultracet help relieve his pain from function, walk and exercise. Furthermore, the previous physical therapy visits were in 2013, and it is unclear specifically what objective functional benefits were obtained from previous sessions. Therefore the request for physical therapy 2 times 4 is not medically necessary.

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In a progress report dated 7/21/2014 the patient was noted to be on Vicodin and Ultracet for pain. No rationale was provided as to why Ultram was needed in addition to the Vicodin and Ultracet. Furthermore, there was no evidence of urine drug screens or pain contract. Therefore, the request for Norco is not medically necessary.