

<b>Case Number:</b>	CM14-0127581		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/27/1997
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Pain Management 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 is a patient with a date of injury of 10/27/97. A utilization review determination dated 7/22/14 recommends non-certification of Diclofenac, misoprostol, fentanyl patches, and Trazodone. 7/14/14 medical report identifies poor control of pain since the medications were suspended. He has difficulty with Activities of Daily Living (ADLs). He complains of frequent back spasms and daily muscle tension headaches. Pain is 7-8/10. Pain decreases to 6-7/10 with OTC ibuprofen, but he is reticent to use it due to recurrence of gastritis and heartburn following cessation of misoprostol. Prilosec failed to control GI symptoms. Pain relief with prior medications was typically 2-3/10 and he was able to do his ADLs without disabling pain. Insomnia is worsening. It is improved with sleeping pills. Trazodone provided good control and added benefit of helping with pain. On exam, there is spine pain with motion. The provider notes that a continued taper on Duragesic is being down, down from 100 mcg to 75 mcg, with prescriptions for 50 mcg to be filled on 8/8 and 25 mcg on 9/3, with continued Percocet for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 75mcg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Diclofenac, Chronic Pain Medical Treatment Guidelines state that, "NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes that this medication has helped to provide good pain relief of approximately 5 points on the Visual Analog Scale (VAS) as well as improved ability to do (ADLs). Pain and the ability to do (ADLs) were negatively impacted upon discontinuation of medication. In light of the above, the currently requested Diclofenac is medically necessary.

**Misoprostol 200mcg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer, Cytotec, Misoprostol tablets.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/misoprostol.html>.

**Decision rationale:** The FDA notes that "Misoprostol is indicated for reducing the risk of NSAID-induced gastric ulcers in patients at high risk of complications from gastric ulcer." Within the documentation available for review, the provider has noted significant pain relief and resolution of gastritis with the combination of Diclofenac and misoprostol compared to the use of other NSAIDs and PPIs. In light of the above, the currently requested misoprostol is medically necessary.

**Fentanyl 75mcg patches #10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for fentanyl patches, California Pain Medical Treatment Guidelines state that, "due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use." Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient's medications are noted to provide pain relief of approximately 5 points on the (VAS) as well as improved (ADLs). There is no indication of any intolerable side effects or aberrant use. Additionally, the provider is noted to be tapering this medication prior to discontinuation. In light of the above, the currently requested fentanyl patches are medically necessary.

**Trazadone 50mg #90:** 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) Pain Chapter, Insomnia treatment.

**Decision rationale:** (ODG) states, "sedating antidepressants such as Trazodone "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." Within the documentation available for review, there are no specific details regarding the improvement of the patient's insomnia or how it has helped to provide functional benefit to support the use of Trazodone despite the recommendations of the guidelines. In the absence of such documentation, the currently requested Trazodone is not medically necessary.