

<b>Case Number:</b>	CM14-0176220		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic foot pain, and chronic upper extremity pain reportedly associated with an industrial injury of September 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar fusion surgery; earlier right lower extremity fasciotomy for compartment syndrome; and long and short-acting opioids. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for Lunesta, partially approved a request for trazodone, partially approved a request for Ultram extended release, denied a request for Zanaflex, denied a request for Norco, and denied a request for MS Contin. The applicant's attorney subsequently appealed. In a May 22, 2014 progress note, the applicant reported ongoing complaints of neck pain, upper back pain, mid back pain, lower back pain, hand pain, and knee pain, highly variable, ranging from 4-10/10. The applicant stated that his pain score should be 10/10 without medications and stated that his medications were effective. The applicant stated that he was able to do some household chores such as vacuuming his home, walk, and move about with his medications. The applicant was reportedly using Lunesta, morphine, Norco, Desyrel, Ultram extended release, Zanaflex, and Topamax, it was noted. The applicant was using a cane to move about and was obese, with a body mass index (BMI) of 31. Multiple medications were renewed, including MS Contin and Norco. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The attending provider again posited that the applicant would be bedbound without his medications. In a September 11, 2014 progress note, the applicant again reported 9-10/10 pain without medications versus 3-4/10 with medications. The applicant stated that he was under a great deal of psychological stress on the grounds that he was not certain when his medications would be approved and when his medications would be denied. The

applicant was reportedly using Lunesta, Desyrel, Ultram extended release, Zanaflex, Norco, and MS Contin. The attending provider stated that the applicant had multifocal pain complaints, including about the low back and lower extremities. Lunesta, Desyrel, Ultram, Zanaflex, Norco, and MS Contin were all renewed. It was not clearly stated for what purpose Desyrel (trazodone) was being employed, although the attending provider did suggest that the applicant should use the same at nighttime. It was also not clearly stated for what purpose Lunesta was being employed, although the attending provider again stated that the applicant should use the same at nighttime. In an August 21, 2014 progress note, the applicant reported ongoing complaints of low back pain, 6/10, exacerbated by activities such as lifting, bending, stooping, and walking. The applicant had developed footdrop secondary to compartment syndrome, it was stated. It was stated that the applicant was asked to try and perform home exercises. Trigger point injections were performed. The applicant's permanent work restrictions were renewed.

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

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

**Lunesta 3mg tablet, one by mouth every night at bedtime, #30 with 5 refills (Prescribed 9-11-14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone (Lunesta) topic

**Decision rationale:** The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for long-term use purposes. Here, the 30-tablet five-refill supply of Lunesta proposed does imply chronic, long-term, and scheduled usage of the same. Such usage runs counter to ODG principles and parameters. Therefore, the request is not medically necessary.

**Trazodone 50mg tablet, two by mouth every night at bedtime, #60 with 5 refills (Prescribed 9-11-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain topic; Functional Restoration Approach to Chronic Pain Management.

**Decision rationale:** In this case, it was not clearly stated whether trazodone was being employed for sleep purposes, for depression purposes, and/or for chronic pain purposes. While page 13 of

the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as trazodone are recommended as a first-line option for neuropathic pain as a possibility for known neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider's choice of pharmacotherapy must be based on the type of pain to be treated and/or pain mechanism involved and by additional commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has not clearly stated for what purpose trazodone (Desyrel) is being employed. It was not stated whether trazodone was being employed for sleep purposes, depression purposes, anxiety purposes, chronic pain purposes, or some other purpose. The attending provider did not identify the purpose and/or pain mechanism involved here. Similarly, the fact that ongoing usage of trazodone failed to curtail the applicant's dependence on opioid agents such as Norco and morphine and failed to result in any improvement on the applicant's work status, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Ultram ER 200mg tablet, take one daily, #03 with 5 refills (Prescribed 9-11-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic; When to Continue Opioids topic Page(s): 78; 80.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider has not outline a compelling case for provision of two separate long-acting opioids, MS Contin and Ultram extended release. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. Permanent work restrictions remain in place, unchanged, from visit to visit. While the attending provider has stated that the applicant's pain scores have been reduced as a result of ongoing medication usage, including ongoing Ultram usage, the attending provider has, however, failed to outline any material improvements in function achieved as a result of the same. The applicant's comments to the effect that he is able to do vacuuming around the home, is able to walk around a little bit, and would be bedridden without his medications do not constitute substantive improvement achieved as a result of ongoing Ultram usage and are outweighed by the applicant's failure to return to work and the attending provider's reports that the applicant is having difficulty ambulating and having to employ a cane to move about. Therefore, the request is not medically necessary.

**Zanaflex 4mg capsule, one by mouth two times a day as needed for spasms, #60 with 5 refills (Prescribed 9-11-14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section; Functional Restoration Approach to Chronic Pain Management section.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. However, the applicant is off of work. The applicant is having difficulty performing activities of daily living as basic as standing and walking. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco, MS Contin, and Ultram. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.

**Norco 10/325mg tablet, one by mouth every 4 hours as needed for breakthrough pain, #180 with 1 refill (Prescribed 9-11-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. While the attending provider has reported some reduction in pain scores reportedly achieved as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to any form of work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Norco usage. The applicant's commentary to the effect that he would be bedridden without his medications does not, in and of itself, constitute substantive improvement with medication consumption. Therefore, the request is not medically necessary.

**MS Contin CR 30mg tablet, one to two by mouth every 8 hours, (plus one post dated script) #180 (Prescribed 9-11-14):**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic; Opioids, Ongoing Management topic Page(s): 80; 78.

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider has failed to outline a compelling basis for provision of two separate long-acting opioids, namely MS Contin controlled release and Ultram extended release. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. Permanent work restrictions remain in place, unchanged, from visit to visit. While the attending provider has reported some reduction in pain scores reportedly achieved as a result of ongoing medication consumption, these are outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful, tangible improvements in function achieved as a result of ongoing MS Contin usage. The applicant's commentary to the effect that he would be bedridden without his medications does not constitute substantive improvement with ongoing medication consumption, including ongoing MS Contin consumption and is outweighed by the attending provider's subsequent commentary to the effect that the applicant is having difficulty moving about and is still reliant on a cane for ambulation assistance purposes. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.