

<b>Case Number:</b>	CM14-0047260		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/05/1999
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Interventional Spine 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 patient is a 54 year old female with an injury date of 04/05/99. Based on 11/20/13 progress report, the patient complains of pain in the back along with pain in the right thigh, right calf, right ankle, and right foot. The pain is rated as 8/10 without medications and 5/10 with medications. A physical examination reveals tenderness of bilateral paravertebral muscles, tenderness of right sacroiliac joint, and tenderness of quadratus lumborum. Current list of medications, as per progress report dated 11/20/13, include Ambien, Pentanyl patch, Lidoderm patch, Lyrica, Narco Skelaxin, and Trazadone. The report states that Lidoderm patch was unhelpful. The patient also received lumbar paravertebral trigger point injection. As per progress report dated 09/25/13, the patient is not working. X-ray of the Lumbar Spine Revealed, 11/20/13:- Solid fusion from L4-S1- Mild anteroolisthesis of L3 on L4. Diagnosis, 11/20/13: Post-laminectomy Syndrome of Lumbar Region The physician is requesting for (a) Fentanyl 25mg/hr # 10 (b) Trazodone 50mg # 30 (c) Skelaxin 800mg # 90 (d) Ambien CR 12.5 #30 (e) Norco 10/325 # 20. The utilization review determination being challenged is dated 04/09/14. The common rationale on the Utilization Review Denial letter was: "There were no subjective or objective findings in supplied medicals." Treatment reports were provided from 09/25/13 - 05/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25mg/hr #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

**Decision rationale:** The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, Fentanyl was first mentioned in progress report dated 09/25/13. It was also prescribed in progress reports dated 11/20/13 and 05/21/14 (after utilization review denial date). The 05/21/14 report also states that the patient has received an authorization for Fentanyl. In progress report dated 11/20/14 (before the UR denial date), the patient states that pain goes down from 8/10 to 5/10 with medications (not specifically opioids). Progress report dated 09/25/13, the patient "finds Fentanyl patch to be helpful." The physician states, in progress report dated 11/20/13, that the patient "can walk for 1 mile" and perform and "some housework." However, the physician does not state if these were part of functional improvements due to medications, or if the patient was always capable of doing these tasks. There are no adverse reactions from the medications, as per the report. The report also documents that the patient's mood and behavior were normal. However, there is no documentation of urine drug screening or CURES test, in spite of prolonged use; specific ADL improvements are not provided show "significant" improvement. The physician does not document the patient's risk for dependency as well. The request is not medically necessary.

**Trazodone 50mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress and Topic Trazodone

**Decision rationale:** The MTUS Guidelines pages 13 to 15 do support the use of antidepressants for neuropathic pain. In regards to its use for insomnia, ODG guidelines, Chapter 'Mental Illness & Stress and Topic 'Trazodone', state that it is "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." They also state that "there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." The first available progress report for Trazodone is dated 11/20/13. The report states that the patient has sleep issues as he is able to sleep for only 5 hours and the physician hopes to manage insomnia with Trazodone. However, the report clearly states that the patient does not have depression. In fact, her mood is described

as normal. The request, therefore, does not meet ODG guidelines for use of Trazodone to treat insomnia. The request is not medically necessary.

**Skelaxin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding Skelaxin , Medication for chronic pain Page(s): 61, 60.

**Decision rationale:** The MTUS page 61 regarding Skelaxin states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references." The request is not medically necessary.

**Ambien CR 12.5 #30:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain (Chronic) and Topic Zolpidem CR

**Decision rationale:** The ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem CR, states, "Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. (Buscemi, 2005) (Ramakrishnan, 2007) (Morin, 2007). The extended-release dual-layer tablet (Ambien) has a biphasic release system; an initial release of zolpidem reduces sleep latency and a delayed release facilitates sleep maintenance." In this case, the patient can sleep for 5 hours per night. In progress report dated 09/25/13, the physician states that "patient with chronic pain has difficulty with sleep while it is an important component of pain management." Ambien is first mentioned in progress report dated 09/25/13. It was also prescribed in progress report dated 11/20/13 and 05/21/14 (after utilization review denial date), based on available progress reports. The patient clearly has sleep issues. However, the current request for 30 pills exceeds the 24 weeks of use allowed by ODG guidelines. Ambien is generally recommended for short-term use only. The request is not medically necessary.

**Norco 10/325 #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain Page(s): 88, 89, 78, 60.

**Decision rationale:** The patient presents with pain in the back along with pain in the right thigh, right calf, right ankle, and right foot. The pain is rated as 8/10 without medications and 5/10 with medications. The request is for NORCO 10/325 # 20. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, Norco was first mentioned in progress report dated 09/25/13. It was also prescribed in progress reports dated 11/20/13 and 05/21/14 (after utilization review denial date). The 05/21/14 report also states that the patient has received an authorization for Norco. In progress report dated 11/20/14 (before the UR denial date), the patient states that pain goes down from 8/10 to 5/10 with medications (not specifically opioids). Progress report dated 09/25/13, the patient "finds Norco best at 4 tablets per day." The physician states, in progress report dated 11/20/13, that the patient "can walk for 1 mile" and perform "some housework." However, the physician does not state if these were part of functional improvements due to medications, or if the patient was always capable of doing these tasks. There are no adverse reactions from the medications, as per the report. The report also documents that the patient's mood and behavior were normal. Nonetheless, there is no documentation of urine drug screening or CURES test, in spite of prolonged use. The physician does not document the patient's risk for dependency as well. The request is not medically necessary.