

<b>Case Number:</b>	CM14-0069956		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/03/2008
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Internal Medicine and is licensed to practice in California, North Carolina, Colorado, and Kentucky. 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 59 year old female who was injured on 01/03 08 sustaining pain in her cervical and lumbar spine. Current diagnoses include cervical radiculopathy, lumbar spinal stenosis, lumbar/thoracic radiculopathy, lumbar disc herniation without myelopathy and sciatica. Clinical documentation indicated the injured worker had MRI of the lumbar spine on 10/22/13 which revealed notable for L3-L4, L4-L5, and L5-S1 herniated disc with bilateral foraminal stenosis with associated nerve compression. The injured worker has tried and failed physical therapy, medications, epidural steroid injections and facet injections. Clinical note dated 11/27/13 indicated the injured worker came for follow up and medication refill. Pain level rated as 7/10 on good days, and 9/10 on bad days. Physical examination revealed tenderness in the lumbar paraspinal muscles, positive straight leg raise bilaterally, and left knee with mild swelling with no evidence of infection. There was also tenderness in the infra patellar region. Clinical note dated 12/11/13, the injured worker presents with continued lower back pain, and her pain level was rated as 7/10. The injured worker also continued to have pain from her cervical herniated disc, but her lumbar radicular pain is about 90% of her pain. Clinical note dated 01/08/14 indicated the injured worker complains of headache, neck pain and back pain radiating in to her legs bilaterally, (left>right). Pain level was reported as 8/10. The injured worker reported benefit from Lyrica. Clinical note dated 03/13/14 indicated the injured worker complains of pain in the neck, lumbar area and both knees and legs. The injured worker indicated her lower back pain radiates down the anterior lateral part of her thigh and leg into the dorsum lateral foot, bilaterally. The pain was associated with associated numbness and tingling. There was also neck pain radiating into both hands and fingers, with numbness and tingling. Pain level was rated as 7/10. Clinical note indicated the injured worker underwent bilateral L3 and L5 transforaminal epidural steroid injection during this clinic visit. Urine drug screen dated

03/13/14 was negative for Tramadol. Medications include Tramadol 50 mg BID, Norflex 100mg TID, Protonix 20mg TID and Trazodone 50mg BID. The requests for Tramadol, Norflex, Protonix and Trazodone were previously non-certified on 04/14/14.

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

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale (VAS) pain scores for this patient with or without medications. The injured worker consistently reported high VAS pain score of 7-8/10 indicating lack of efficacy of the medication. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of the narcotic medication, Tramadol 50mg, #60, cannot be established at this time.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the request for Norflex 100mg #60, cannot be established as medically necessary.

**Protonix 20mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version; Integrated Treatment/Disability Duration Guidelines, Pain(Chronic), Proton Pump Inhibitors

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Protonix 20mg, #90 cannot be established as medically necessary.

**Trazodone 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Insomnia treatment, Trazodone (Desyrel)

**Decision rationale:** As noted in the Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is also noted that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Clinical documentation does not indicate that the patient has insomnia as well as symptoms of anxiety or depression. As such, the request for Trazodone 50mg #60 cannot be recommended as medically necessary.