

<b>Case Number:</b>	CM14-0074859		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/17/1996
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 59 year old with an injury date on 4/17/96. Patient complains of lower lumbar pain, bilateral hip pain, and sacroiliac joint joint pain, right > left, with pain rated 4/10 with medications per 2/26/14 report. Patient describes pain as shar/stabbing with escalating activities of daily living aggravating the symptoms per 2/26/14 report. Patient underwent bilateral knee replacements in 1998 and 2000, and had a caudal lumbar epidural steroid injection on 1/22/14 which helped over 50% and allowed reduction of Norco per 2/26/14 report. Based on the 5/15/14 progress report provided by [REDACTED] the diagnoses are: 1. Sacroiliitis. 2. degeneration of lumbar disk. 3. Lumbago. 4. lumbosacral radiculopathy. 5. lumbosacral spondylosis with facet arthropathy. Exam on 2/26/14 showed "Patient can heel/toe walk and ambulate normally. L-spine range of motion is severely restricted, with extension and left/right rotation at 5 degrees." [REDACTED] is requesting tramadol 50mg, lyrica 7.5mg, cyclobenzaprine 30mg, lunesta 30mg, and voltaren 1%. The utilization review determination being challenged is dated 5/15/14 and denies Lunesta and Voltaren due to a lack of documentation of medical necessity. [REDACTED] is the requesting provider, and he provided treatment reports from 1/9/14 to 5/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with lower back pain, bilateral hip pain, and sacroiliac joint pain. The treater has asked for Tramadol 50mg on 2/26/14. A urine drug screen on 11/25/13 showed positive for Tramadol. For chronic opioids use, 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. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Tramadol. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, request is not medically necessary.

**Lyrica 75mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18, 19-20.

**Decision rationale:** This patient presents with lower back pain, bilateral hip pain, and sacroiliac joint pain. The treater has asked for Lyrica 7.5mg on 2/26/14. Patient is currently taking Lyrica as of 11/25/13. Regarding anti-epilepsy drugs, MTUS recommends for neuropathic pain. There are few RCTs directed at central pain and none for painful radiculopathy. Regarding Pregabalin (Lyrica no generic available) MTUS states it is documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In this case, the patient has been taking Lyrica for 3 months, but there is no documentation of improvement in pain and function regarding use of Lyrica. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Due to a lack of documentation of functional improvement in relation to use of Lyrica, the request is not medically necessary.

**Cyclobenzaprine 30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with lower back pain, bilateral hip pain, and sacroiliac joint pain. The treater has asked for cyclobenzaprine 30mg on 1/9/14. Patient was taking Methocarbamol per 11/25/13 report, and is currently on Methocarbamol on 2/26/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. In this case, patient has been taking a muscle relaxant for 3 months, but MTUS only recommends for short term. Therefore the request is not medically necessary.

**Lunesta 30mg:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines have the following regarding Lunesta under Insomnia, Pain chapter: Eszopicolone (Lunesta®) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. (Ramakrishnan, 2007).

**Decision rationale:** This patient presents with lower back pain, bilateral hip pain, and sacroiliac joint pain. The treater has asked for Lunesta 30mg on 2/26/14. Patient has been taking Lunesta since 11/25/13. Regarding Lunesta, ODG recommends for insomnia, as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. In this case, the patient has a diagnosis of insomnia on 1/9/14 report, and patient has been taking Luensta for 3 months. As Lunesta is indicated for up to 6 months of use, therefore the request is medically necessary.

**Voltaren Del 1%:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-68, 70-73, 20-21.

**Decision rationale:** This patient presents with lower back pain, bilateral hip pain, and sacroiliac joint pain. The treater has asked for voltaren 1%. Review of records indicate that the patient has no history of taking Voltaren. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, the patient has continuing chronic pain in the lower back, and a trial of voltaren 1% appears reasonable for this type of condition. Therefore the request is medically necessary.