

<b>Case Number:</b>	CM14-0076452		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 70 year old male with a date of injury on 3/1/2004. Diagnoses include lumbar post-laminectomy syndrome and thoracic/lumbosacral neuritis/radiculitis. Subjective complaints are of continued low back and bilateral leg pain, with left leg numbness. Medications were noted to reduce pain by 30-50% and allow the patient to perform activities of daily living. Physical exam shows mild distress and depressed affect. Patient is overweight and walks with a slow gait. Strength is 5/5 in the lower extremities, with decreased sensation in the left leg. PHQ-9 score indicated moderate depression. Medications include Oxycodone, Nabumetone, Lyrica, Topamax, Wellbutrin, Quazepam, and Cyclobenzaprine. It was noted the patient is weaning his Quazepam and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg once a day #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-96. The Expert Reviewer's decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Cyclobenzaprine 7.5 mg twice a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers Comp, Procedure Summary last updated (04/10/2014), Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42. The Expert Reviewer's decision rationale: CA MTUS guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting Cyclobenzaprine as short term therapy and no clear benefit from adding this medication to the requested prescription for Cyclobenzaprine is not medically necessary.

**Quazepam 15mg at hour of sleep #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, INSOMNIA TREATMENT.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24 and on the Non-MTUS Official Disability Guidelines (ODG) pain, insomnia treatment. The Expert Reviewer's decision rationale: The ODG indicates that Benzodiazepines for insomnia are only recommended for short-term use due to risk of tolerance, dependence, and adverse event. CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to

dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. This patient has been utilizing Quazepam chronically, which exceeds guideline recommendations. Therefore, the medical necessity for Quazepam is not established.

**Trazodone 50mg at hour of sleep #30:** Overturned

**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, INSOMNIA TREATMENT.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain, Insomnia Treatment. The Expert Reviewer's decision rationale:CA MTUS does not address the use of Trazodone. The Official Disability Guidelines state that "sedating antidepressants 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. Trazodone is one of the most commonly prescribed agents for insomnia. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. This patient has documented insomnia and coexisting depression." Therefore, the request for Trazodone is consistent with guideline recommendations, and the medical necessity is established.