

<b>Case Number:</b>	CM14-0190612		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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:

Injured worker is a male with date of injury 10/22/2012. Per primary treating physician's progress report dated 10/2/2014, the injured worker reports that he is still in a lot of pain. His pain is rated 8/10, and with medications it goes down to 6/10. He has pain in the bilateral low back that is going down both lower extremities. He is currently being treated with Norco 10/325 mg four a day, Flexeril 10 mg 2-3 a day as needed (tapering off), gabapentin 300 mg 3 a day, omeprazole 20 mg a day, Relafen 750 mg twice a day, TENS unit. Objective findings are reported as no significant change. Diagnosis is chronic low back and right lower extremity greater than left sided pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been treated chronically with Norco. Pain reduction is reported to be 20-30% with the use of medications. There is no report of objective functional improvement with the use of Norco. Medical necessity for continued use of Norco has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg 120 tablets is determined to not be medically necessary.

**Neurontin 300mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-21.

**Decision rationale:** The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The injured worker reports a 20-30% reduction in pain with the use of medications. The radiation of back pain into bilateral lower extremities is suggestive of neuropathic pain. The request for Neurontin 300mg 90 tablets is determined to be medically necessary.

**Relafen 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Relafen 750mg 60 tablets is determined to not be medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section Page(s): 41,42,63,64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness.Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. Per the clinical note dated 10/2/2014, the requesting provider has advised the injured worker to taper off Flexeril. The requesting provider reports that he has provided only 30 tablets for tapering. Previous notes indicate that 30 tablets is a refill of the same dose and quantity of Flexeril with no reduction. Medical necessity of this request has not been established as tapering would indicate lower dose and/or frequency. The request for Flexeril 10mg 30 tablets is determined to not be medically necessary.

**Trazodone 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability GUIDelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.drugs.com/trazodone.html](http://www.drugs.com/trazodone.html)

**Decision rationale:** Trazodone is an antidepressant medication. The clinical notes do not report Trazodone as a current medication, and the requesting physician does also not address the use of Trazodone. The clinical notes do not address depression. Medical necessity of this request has not been established. The request for Trazodone 50mg 60 tablets is determined to not be medically necessary.