

<b>Case Number:</b>	CM14-0192372		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/04/1997
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 female with date of injury 12/4/1997. Per primary treating physician's progress report dated 10/16/2014, the injured worker was seen for follow up examination. She has had an extended history of severe back symptoms. She continues to report pain without relief. Her pain is rated 8/10 with medications. She had prior very difficult opioid detox and was unable to control pain symptoms without opioids. She had treatment with buprenorphine and had 20-30% reduction of pain, but still rated at 5/10 and would like additional relief. Diagnoses include 1) failed back surgery syndrome 2) lumbar fusion L2 to L4 3) status post lumbar placement of the spinal cord stimulation leads at T12 to L1 4) epidural fibrosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for butrans 20mcg/hr quantity: 4 days supply 30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Buprenorphine for Chronic Pain section

**Decision rationale:** Butrans patch contains buprenorphine. Buprenorphine is recommended by the MTUS Guidelines for treatment of opiate addiction. Buprenorphine is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has had difficulty with pain control following detoxification, and is experiencing significant pain reduction with the use of Butrans patch. The request for 1 Prescription for Butrans 20 mcg/hr quantity: 4 days supply 30 is determined to be medically necessary.

**1 Prescription for trazadone 100mg Quantity: 30 days supply 30: Overturned**

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

**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 section

**Decision rationale:** Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. The requesting physician reports that the injured worker cannot sleep without the use of trazodone. The request for 1 Prescription for trazodone 100mg Quantity: 30 days supply 30 is determined to be medically necessary.

**1 Prescription for xanax 1mg Quantity : 90 days supply 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for 1 Prescription for Xanax 1mg Quantity: 90 days supply 30 is determined to not be medically necessary.

**1 Prescription for celebrex 200mg Quantity: 30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, NSAIDs Page(s): 22, 67-71.

**Decision rationale:** The use of NSAIDs are 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. Per the MTUS Guidelines, the use of selective COX-2 NSAIDs such as Celebrex is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylosis. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The recommended dose of Celebrex is 200 mg a day (single dose or 100 m twice a day). The prescription is for Celebrex 200 mg 1 tablet daily to twice daily, which is in excess of the recommended dose. Medical necessity for such dosing has not been established. The request for 1 Prescription for Celebrex 200mg Quantity: 30 with 1 refill is determined to not be medically necessary.