

<b>Case Number:</b>	CM14-0200441		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive 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:

According to the records made available for review, this is a 56-year-old male with a 6/15/00 date of injury. At the time (11/26/14) of the Decision for Fentora 400mcg #28, Diazepam 5mg #30, Omeprazole 20mg #30, and Trazodone HCL 100mg #30, there is documentation of subjective (low back pain that radiates to the lower extremities and poor sleep quality) and objective (tenderness to palpation over the lumbar spine and spasms, positive seated nerve root test in the lumbar spine, restricted range of motion of the lumbar spine, and normal sensation and strength) findings, current diagnoses (lumbago and major depressive disorder), and treatment to date (physical therapy and medications (including ongoing treatment with Trazodone, Fentora, Diazepam, Morphine, and Omeprazole since at least 7/2/14)). Regarding Fentora 400mcg #28, there is no documentation of breakthrough pain in a cancer patient. Regarding Diazepam 5mg #30, there is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diazepam use to date. Regarding Omeprazole 20mg #30, there is no documentation of risk for gastrointestinal events. Regarding Trazodone HCL 100mg #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazodone use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentora 400mcg #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 61-62, 68, 77, and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 47.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of breakthrough pain in cancer patients, as criteria necessary to support the medical necessity of Fentora. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that Fentora is not recommended for musculoskeletal pain. Within the medical information available for review, there is documentation of diagnoses of lumbago and major depressive disorder. However, there is no documentation of breakthrough pain in a cancer patient. Therefore, based on guidelines and a review of the evidence, the request for Fentora 400mcg #28 is not medically necessary.

**Diazepam 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 61-62, 68, 77, and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago and major depressive disorder. In addition, there is documentation of poor sleep quality. However, given documentation of ongoing treatment with Diazepam, there is no documentation of the intention to treat over a short course. In addition there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Diazepam 5mg #30 is not medically necessary.

**Omeprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs). Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago and major depressive disorder. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #30 is medically necessary.

**Trazodone HCL 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants. Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago and major depressive disorder. However, given documentation of ongoing treatment with Trazodone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Trazodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Trazodone HCL 100mg #30 is not medically necessary.