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| <b>Case Number:</b>   | CM14-0204040 |                              |            |
| <b>Date Assigned:</b> | 12/16/2014   | <b>Date of Injury:</b>       | 08/04/2011 |
| <b>Decision Date:</b> | 02/03/2015   | <b>UR Denial Date:</b>       | 11/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2014 |

### 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 Practice, 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:

33 yr. old female claimant sustained a work injury on 8/4/11 involving the low back. He was diagnosed with lumbar disc disease and thoracic radiculitis. She had been on Oxycodone, Trazadone, Ibuprofen, Gabapentin and Carsiprodolol for pain since at least May 2014. A progress note on 10/2/14 indicated the claimant had ongoing pain in the low back, legs and right arm. She claimed that the medications improved her ability to perform daily activities. Exam findings were notable for spinous tenderness in the L4 region, tenderness in the iliac crest, paraspinal tenderness in the illiolumbar region and painful range of motion. The physician requested continuation of the above medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, and the website [www.wheelsonline.com/ortho/trazadone\\_desyrel](http://www.wheelsonline.com/ortho/trazadone_desyrel)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone Page(s): 14-18.

**Decision rationale:** Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain. In this case, the claimant had back pain but no recent findings confirmed radicular findings and the neurological exam was unremarkable. The improvement of activities was not attributed to one medication. Pain scores previously ranged from 6-10 and exam findings were similar for several months indicating that there is not a necessity for Trazodone use. Continued and prolonged use of Trazodone is not medically necessary.

**Oxycodone 15 mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 92, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months. Pain scores previously ranged from 6-10 and exam findings were similar for several months indicating that there is not a necessity for Oxycodone use. The continued use of Oxycodone is not medically necessary.

**Ibuprofen 800 mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 70, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDS are not recommended for chronic low back pain. They are recommended for 2nd line treatment for short term symptomatic relief. In this case, the claimant had been on Ibuprofen for months. This can increase the risk of renal and GI disease. There was no indication that the claimant needed to be on numerous classes of analgesics (anti-depressants, opioids, muscle relaxants, etc.). In addition, there was no indication of Tylenol failure. The continued use of Ibuprofen is not medically necessary.

**Gabapentin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: 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. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Continued and long-term use of Gabapentin is not medically necessary.