

Case Number:	CM14-0023073		
Date Assigned:	05/14/2014	Date of Injury:	11/30/2006
Decision Date:	03/18/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old male who sustained an industrial injury on 11/30/2006. Diagnoses include multilevel central and foraminal stenosis most severe at L4-L5, bilateral lower extremity radicular symptoms with neurogenic claudication, degenerative disc disease L4-5 and L5-S1, and status post bilateral total knee replacements. Past medical history also included aneurysm, arthritis, and high blood pressure. A review of systems from August 2013 was positive for depression. Treatment has included knee replacement surgeries, lumbar epidural steroid injection, physical therapy, and medication. Work status was noted as permanent and stationary. Progress notes state that the injured worker takes Prilosec for gastric distress and trazodone for sleep. His current low back pain rating ranges from a 7 or 8 out of ten on the pain scale and radiates to the left lower extremity. In addition, he has complaint of headaches. A magnetic resonance imaging (MRI) performed on 05/14/2012 showed multilevel neuroforaminal stenosis of the lumbar spine. Physical examination on 10/23/13 showed tenderness in the paraspinal musculature of the lumbar spine, knee and ankle reflexes intact and symmetrical, and normal sensory and motor examination of the lower extremities. He was diagnosed with retrolisthesis L2 over L3, bilateral lower extremity radicular symptoms with neurogenic claudication, degenerative disc disease L4-5 and L5-S1, multi-level central and foraminal stenosis most severe at L4-L5, right knee degenerative arthritis, status post left and right TKR. The following medications were prescribed: Prilosec, Trazadone, Norco, and Butrans patch. At a visit dated 11/06/2013 the injured worker complained of worsening low back pain with numbness to the left lower extremity and severe headaches after a recent epidural steroid

injection. An updated MRI of the lumbar spine was requested and surgery was discussed. On 1/22/14, it was noted that the injured worker stopped using butrans patch due to rash around the patch, and that he had been taking more Norco than usual and that he had been developing itchiness over his entire body. Butrans was discontinued and tramadol was prescribed for added pain relief. On 01/29/2014 Utilization Review non-certified medications Tramadol, Prilosec, Trazadone and Norco, citing the MTUS and ODG. The injured worker submitted an application for Independent Medical Review (IMR) of these requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 60 1 tab po q 4-6 h prn pain with 2 refills: Upheld

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

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

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies and chronic back pain. The injured worker has been prescribed norco for at least 6 months. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains permanent and stationary. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The injured worker reported itching over the entire body after increasing use of norco. Norco is not medically necessary based on the lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Tramadol 50mg #60 1 tab po 1 4-6h prn pain 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids p. 74-96 tramadol p. 93-94 Page(s): 74-96, 93-94.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The injured worker has been prescribed norco and butrans for many months, without documentation of functional improvement. The physician noted that tramadol was prescribed for added pain relief. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The documentation indicates that the injured worker was to continue treatment with norco and trazodone. Due to the lack of a treatment plan for chronic opioid therapy consistent with the MTUS, and the potential for toxicity with the addition of tramadol, the request for tramadol is not medically necessary.

Prilosec 20mg #30 1 tab po qd with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. It was noted in August 2013 that the injured worker takes prilosec for gastric distress. No specific gastrointestinal signs or symptoms were documented, there was no abdominal examination recorded, and the other medications prescribed did not include any NSAIDS. Prilosec has been prescribed for at least 6 months. There was no discussion of result of treatment or continued indication for its use. Due to the lack of indication, the request for prilosec is not medically necessary.

Trazodone 20mg #30 1 tab po qhs with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Sedating antidepressants such as amitriptyline, trazodone, and mirtazapine have been used to treat insomnia; 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. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. 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. The physician documented depression on a review of systems and noted that trazodone was prescribed for sleep. Trazodone has been prescribed for at least 6 months. Although a trial of this medication may be supported in this case due to the coexistence of symptoms of depression and sleep disturbance, neither of these issues has been adequately discussed. There was no documentation of evaluation for sleep disorder, psychological assessment, or evaluation of function, and efficacy was not discussed. Due to the lack of sufficient evaluation for sleep disorder and depression as well as prolonged use without demonstration of efficacy or functional improvement, the request for trazodone is not medically necessary.