

<b>Case Number:</b>	CM15-0201088		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 73 year old male who sustained an industrial injury on 12-01-1999. According to a progress report dated 09-17-2015, the injured worker was there to have his fifth Hyalgan injection to the left knee. He had been feeling under the weather and had an issue with blood sugars. He had not been considered diabetic, but his blood sugars had been considered "quite high" without medications. He was given medication that caused all of his skin to peel off. He was getting better and had stopped the medication. He had pain to the neck, low back, bilateral knees and bilateral wrists. His back and knees had been bothering him mostly in the last several weeks, especially with the cold weather. Pain level using a numerical scale was not documented in this report. Objective findings included tenderness along the left knee, medial greater than lateral joint line. Extension was about 110 degrees and flexion was 120 degrees. He had pain across the joint line bilaterally as well as mildly positive compression test. He had tenderness across the lumbar paraspinal muscles. Diagnoses included carpal tunnel syndrome bilaterally right worse than left treatment with wrist braces, internal derangement of the left knee status post meniscectomy, internal derangement of the knee on the right with bone-on-bone on standing (x-rays status post three series of Hyalgan injection with improvement), low back pain due to chronic muscle strain and spasms and neck pain due to muscle strain and spasms. Hyalgan injection was administered to the left knee. He received medications which were requested and approved and included Tramadol ER and Trazodone. The provider was requesting authorization for Vicodin, Motrin, Aciphex, Tramadol ER and Trazodone on return visit. Follow up was indicated in 4 weeks. The injured worker was retired. Urine toxicology reports were not

submitted for review. An authorization request dated 09-17-2015 was submitted for review. The requested services included Vicodin 5-300 mg #60, Motrin 800 mg #90, Aciphex 20mg #30, Tramadol ER 150 mg #30 and Trazodone 50 mg #60. On 09-25-2015, Utilization Review non-certified the request for Vicodin 5-300 mg #60 for moderate to severe pain, Tramadol ER (extended release) 150 mg #30 for long-acting pain relief and Trazodone 50 mg #60 for insomnia and authorized the request for Motrin and Aciphex.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vicoden 5/300mg, #60 for moderate to severe pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Vicodin 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 Vicodin for over 6 months in intermittent combination with other opioids and NSAIDS. There was no mention of Tylenol, or weaning failure. The continued use of Vicodin is not medically necessary.

**Tramadol ER (extended release) 150mg, #30 for long-acting pain relief: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores with use of medications were not consistently noted. Multiple controlled substances including Vicodin are not recommended for long-term use. No one opioid is superior to another. There was no mention of Tramadol titration to extended release of 150 mg. Continued use of Tramadol ER is not medically necessary.

**Trazodone 50mg, #60 for insomnia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Insomnia treatment; ODG, Mental Illness & Stress - Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

**Decision rationale:** Trazadone 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, it was used for insomnia. There was no mention of failure of behavioral modifications or other 1st line agent. Medications for insomnia management beyond 7-10 days is not recommended. Continued and prolonged use of Trazadone is not medically necessary.