

<b>Case Number:</b>	CM15-0207820		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old female, who sustained an industrial injury on 5-30-2014. The injured worker was being treated for lumbosacral radiculitis and enthesopathy of hip region. The injured worker (7-17-2015, 8-14-2015, and 9-11-2015) reported ongoing lower back, left knee, and left foot pain with radiation to both legs. She reported associated symptoms that included numbness and weakness of the legs and feet. She reported being able to walk 2 blocks. The medical records show the subjective pain ratings of 9 out of 10, 8 out of 10 at best, 9 out of 10 at worst, and 8 out of 10 as an average over the past 7 days on 7-17-2015 and 8-14-2015. The medical records show the subjective pain ratings of 8 out of 10, 6 out of 10 at best, 9 out of 10 at worst, and 7 out of 10 as an average over the past 7 days on 9-11-2015. The physical exam (7-17-2015, 8-14-2015, and 9-11-2015) revealed lumbar forward flexion was 45 degrees, extension was 15 degrees, and bilateral side bending was 20 degrees. The treating physician noted tenderness to palpation over the bilateral lumbar paraspinal muscles. The urine drug screen (dated 7-17-2015) indicated an inconsistent positive finding for Cyclobenzaprine and consistent positive findings for Tramadol, Des-Tramadol, and Gabapentin. Treatment has included physical therapy, lumbar transforminal epidural steroid injection, ice, heat, off work, and medications including pain (Tramadol since at least 2-2015), anti-epilepsy, and non-steroidal anti-inflammatory. Per the treating physician (9-11-2015 report), the injured worker is temporary totally disabled. On 9-23-2015, the requested treatments included Trazodone 50mg and Tramadol 150mg. On 9-30-2015, the original utilization review non-certified a request for Trazodone 50mg and modified a request for Tramadol 150mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Trazodone 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Trazodone (2015).

**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, under Insomnia.

**Decision rationale:** The patient presents on 09/11/15 with lower back pain which radiates into the bilateral lower extremities, left knee pain, and left foot pain rated 7/10 on average. The patient's date of injury is 05/30/14. The request is for Trazodone 50MG #60. The RFA is dated 09/23/15. Physical examination dated 09/11/15 reveals tenderness to palpation of the lumbar paraspinal musculature, reduced lumbar range of motion, and positive straight leg raise test on the left. The patient is currently prescribed Trazodone, Tramadol, Omeprazole, Gabapentin, Cyclobenzaprine, and Norco. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Antidepressants for chronic pain section, pages 13-15: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Official Disability Guidelines, Pain Chapter, under Insomnia has the following: Sedating antidepressants (e.g., Amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In regard to the initiation of Trazodone, the request is appropriate. This appears to be the initiating prescription of this medication, as it is not listed as an active medication in reports prior to 09/11/15. This patient presents with chronic lower back pain with associated insomnia and depression secondary to pain and loss of function. Given the guideline support for this medication for complaints of this nature, and the lack of utilization to date, a trial of Trazodone is an appropriate measure. The request is medically necessary.

### **Tramadol 150mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents on 09/11/15 with lower back pain which radiates into the bilateral lower extremities, left knee pain, and left foot pain rated 7/10 on average. The patient's date of injury is 05/30/14. The request is for Tramadol 150mg #30 with 2 refills. The RFA is dated 09/23/15. Physical examination dated 09/11/15 reveals tenderness to palpation of the lumbar paraspinal musculature, reduced lumbar range of motion, and positive straight leg raise test on the left. The patient is currently prescribed Trazodone, Tramadol, Omeprazole, Gabapentin, Cyclobenzaprine, and Norco. Patient is currently classified as temporarily totally

disabled. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Guidelines, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the continuation of Tramadol for the management of this patient's chronic lower back pain, the request is not supported per MTUS. This patient has been prescribed Tramadol since at least 03/06/15. Progress note dated 09/11/15 has the following regarding this patient's medications: "Provides base pain control, decreasing pain about 25% and enables patient to do grocery shopping and cooking as well as decreasing her negative dis-usability perceptions." Contradictory to this, Utilization review appeal letter dated 10/11/15 has the following regarding Tramadol: "Her pain level has been reduced from 8/10 to 7/10. As a pain management specialist, it is my medical opinion that she should remain on her current regimen for the time being." MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence that this patient is consistent with her medications and lacks aberrant behavior. In the progress note associated with this request, the provider does include somewhat limited documentation of functional improvements, though the "25%" analgesia reported on 09/11/15 conflicts with a later account indicating only a 1 point reduction in pain attributed to medications. It is not clear why the provider would wish to continue prescribing this medication if it only acts to reduce this patient's pain by 1 point on a VAS scale. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic pain complaints and has been prescribed narcotic medications long term, she does not appear to have undergone any surgical intervention for her lumbar spine and is not presumed to be suffering from nociceptive pain. Without evidence of an existing condition which could cause nociceptive pain (such as cancer) or history of surgical intervention, continuation of this medication is not appropriate and the patient should be weaned. Therefore, the request is not medically necessary.