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| <b>Case Number:</b>   | CM15-0047797 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 04/22/2002 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2015 |

### 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: 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 60-year-old male who has reported low back pain after an injury on April 22, 2002. The diagnoses have included chronic pain syndrome, degenerative disc disease, and failed back surgery syndrome. Treatment to date has included medications, epidural steroid injections, and a lumbar fusion. Reports from the pain management physician during 2014 are monthly and reflect ongoing refills of the same medications now under Independent Medical Review, considerable pain, very limited function, and partial pain relief with medications. The work status is "PD" or "totally disabled". A course of passive physical therapy was prescribed. There are no reports of any drug testing. There is no mention of hypertension, the indications for sertraline or benazepril, or the indications and results for Ambien. Some blood pressure readings were reported: 149/94 (6/23/14), 124/73 (7/22/14), 142/96 (10/28/14), 111/75 (12/20/14). On 9/16/14 pain was 6/10 "with Rx", and 10/10 without. There was knee and back pain. Trials of methadone and gabapentin were listed. Other medications and issues were listed but the note is handwritten and partially illegible. There appears to be fairly severe ongoing pain. On 10/28/14, medications were refilled for ongoing low back pain. On 11/26/14, medications were refilled without an evaluation. Per the report of 12/23/14, pain was 5/10 with Rx, 9/10 without Rx. Fentanyl helps tremendously. He has difficulty walking 600 feet. There was ongoing knee pain. Per a report of February 24, 2015, there was severe low back pain described as "almost beyond comprehension." Medications were stated to have been filled on 2/15/15. Medications were denied in Utilization Review. The treatment plan included sertraline HCL, morphine sulfate ER, Ambien CR and benazepril HCL. The work status was "totally disabled." There was no blood

pressure measurement recorded at this visit. On 3/2/15 Utilization Review non-certified sertraline, Ambien, and benazepril. Fentanyl patch was certified and MSER was partially certified. Note was made of the lack of indications for these medications, lack of prescribing per guidelines, and lack of benefit. The MTUS and the Official Disability Guidelines were cited. Note was made of the lack of any information about hypertension with respect to the use of benazepril.

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

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

#### **Sertraline HCL 50mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines Medications for chronic pain. Antidepressants for chronic pain. SSRIs (selective serotonin reuptake inhibitors) Page(s): 60, 13-16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress chapter, antidepressants and Other Medical Treatment Guidelines Updated ACOEM Guidelines, Chronic Pain, Page 99, Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain.

**Decision rationale:** The treating physician reports do not discuss the indications for sertraline or the results of using this selective serotonin reuptake inhibitor (SSRI) antidepressant. It is not clear if it is intended for depression, pain, or both. If there were to be an indication for an antidepressant for chronic pain in this case, a tricyclic antidepressant (TCA) would be the first choice (see the MTUS citations), followed by a serotonin norepinephrine reuptake inhibitor (SNRI). Sertraline is an SSRI, which is not indicated for treating pain (see MTUS citation). When antidepressants are prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see page 13 of the citations above). No medical reports show specific symptomatic and functional benefit. There is no evidence of any pain relief from using sertraline. If sertraline is used for depression, the reports are void of any diagnostic information about a psychiatric condition and ongoing effects of treatment. The MTUS and Official Disability Guidelines citations above discuss the treatment of depression, assuming that sertraline is used for that indication. Although sertraline is a valid treatment choice, antidepressant prescribing must be accompanied by regular, careful assessments of psychiatric and medication status. None of that is apparent in the records. With the available information, sertraline is not medically necessary.

#### **MSER 60mg #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials.

**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, opioid contract, and there should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. 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 of significantly increased function from the opioids used to date. Function is described as very limited. The injured worker is described as very disabled, which implies extremely limited function. The "totally disabled" status fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The recent report lists extreme pain, and it is not clear if this is while still taking opioids, as the report is not clear. Regardless, the MTUS outlines a number of factors that are necessary for a chronic opioid therapy program and pain relief is only one of them. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines, and the records do not contain any drug test results. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Ambien CR 125 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short-term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. No physician reports discuss the specific indications and results of using zolpidem. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on

prolonged use contrary to guideline recommendations, lack of benefit, and lack of sufficient evaluation of the sleep disorder.

**Benzepiril HCL 20mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Benazepril: Drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** None of the treating physician reports discusses the indications for this drug. The reports and prescriptions appear to spell this as "benzepril". This is presumed to be benazepril, an angiotensin converting enzyme (ACE) inhibitor used primarily for treating hypertension. The actual indications in this injured worker are not available in the reports. The blood pressure is not consistently monitored and there are no other medical conditions discussed for which benazepril might be indicated. Continued prescribing of an antihypertensive would require continued monitoring of blood pressure as well as monitoring of side effects. None of that is evident in this case. The Up-to-date citation above lists the indications, side effects, and recommendations for use. These recommendations are not met in this case. This drug is therefore not medically necessary based on the available information.