

<b>Case Number:</b>	CM15-0049560		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 50 year old male, who sustained an industrial injury on 06/06/2002 reported low back pain. On provider visit dated 02/11/2015 the injured worker has reported worsening low back pain, with radicular leg pain, that disrupts his sleep do to pain. On examination of thoracolumbar spine he was noted to have tenderness over the surgical incision site, decreased ranges of motion and the injured worker was noted to stands slightly forward flexed. The diagnoses have included thoracic spine sprain, lumbar disc herniation at L2-L3, L3-L4 with stenosis at L3-L4, status post lumbar fusion (2006) and hardware removal lumbar spine with augmentation of fusion (2012). Treatment to date has included x-rays of the lumbar spine, home exercise program, laboratory studies, and medication. The provider requested the following medication: Norco for and tramadol HCL for pain management and Trazodone for sleep aid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tab q4-6h prn #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for NORCO 10/325MG #150. Per 01/12/15 progress report, the patient is currently taking Norco and Tramadol. The patient has been utilizing Norco since at least 03/27/14. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 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 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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater has addressed urine drug screening on 09/11/14. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

**Tramadol Hcl 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for TRAMADOL HCL 50MG #90. Per 01/12/15 progress report, the patient is currently taking Norco and Tramadol. The patient has been utilizing Tramadol since at least 03/27/14. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 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 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. In this case, the treater has addressed urine drug screening on 09/11/14. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. The request IS NOT medically necessary.

**Trazodone 50mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for TRAZODONE 50MG #30 WITH 2 REFILLS. Per 01/12/15 progress report, the patient is currently taking Norco and Tramadol. Work status is unknown. MTUS Guidelines page 13 to 15 do support the use of antidepressants for neuropathic pain. In regards to its use for insomnia, ODG guidelines support it if concurrent depression is documented. In this case, the treater requested Trazodone for sleep for the first time. This patient meets the indication for this medication as there is a report of insomnia and depression. Therefore, the request IS medically necessary.