

<b>Case Number:</b>	CM15-0067107		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/20/2010
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: 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 26-year-old female, who sustained an industrial injury on March 20, 2010, incurring back injuries. She was diagnosed with degenerative disc disease and spinal stenosis of the lumbar region. Treatment included medication therapy, anti-inflammatory drugs, antidepressants, and physical therapy. Currently, the injured worker complained of lower back pain, muscle spasms and weakness and depression. The treatment plan that was requested for authorization included prescriptions for Ibuprofen, Tramadol HCL, Trazadone and Buprenorphine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg 1 tab q 12 hours prn #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The progress report dated 1/29/15 documented a history of gastroesophageal reflux disease (GERD) and hypertension. The progress report dated 2/26/15 documented an elevated blood pressure of 148/76. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Ibuprofen is not supported by MTUS guidelines. Therefore, the request for Ibuprofen is not medically necessary.

**Tramadol HCL 50mg 1 tab q d #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96. Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of

Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended. Per MTUS, the lowest possible dose of opioid should be prescribed. Tramadol 50 mg #30 was requested on 3/26/15. The 2/26/15 progress report was the latest progress report in the submitted medical records. The progress report dated February 26, 2015 does not document the use or prescription of Tramadol (Ultram), and does not support the request for Tramadol. Therefore, the request for Tramadol is not medically necessary.

**Trazodone 50mg 1 tab q am & 2 tabs q bedtime #90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Trazodone (Desyrel). ODG Pain (Chronic) Insomnia treatment.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. There has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Prescribing medication indefinitely will not work. Patients do better if medication is stopped after 6 weeks. The progress report dated 1/5/15 documented the past use of Trazodone and the prescription of Trazodone. The progress report dated 1/29/15 documented the past use of Trazodone and the prescription of Trazodone. The progress report dated 2/26/15 documented the the prescription of Trazodone. Medical records document long-term use of Trazodone, which is not supported by ODG guidelines. Medical records document long-term use of Trazodone, which is not supported by ODG guidelines. Therefore, the request for Trazodone is not medically necessary.

**Buprenorphine 8mg 1 tab sublingual qid #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Pages 74-96. Buprenorphine Pages 26-27. Decision based on Non-MTUS Citation FDA Buprenorphine.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Buprenorphine is recommended for treatment of opiate addiction. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. FDA Prescribing Information documents that Buprenorphine sublingual is indicated for the treatment of opioid dependence. Per FDA, Buprenorphine sublingual is not appropriate as an analgesic. Liver function tests, prior to initiation of treatment is recommended to establish a baseline. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended. Per MTUS, the lowest possible dose of opioid should be prescribed. The 2/26/15 progress report was the latest progress report in the submitted medical records. Buprenorphine 8 mg sublingual #120 was requested on 3/26/15. The corresponding progress report was not in the submitted medical records. Without the corresponding progress report, the 3/26/15 request for Buprenorphine 8 mg sublingual is not supported. Therefore, the request for Buprenorphine 8 mg sublingual #120 is not medically necessary.