

<b>Case Number:</b>	CM14-0119066		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who reported an injury on 03/25/2013, caused by an unspecified mechanism. Prior treatment history included MRI studies, epidural steroid injections, and medications. The injured worker was evaluated on 06/21/2014, and it was documented that the injured worker had right index finger swelling and redness. The injured worker was status post fall in blackberry bush 6 days ago; removed a thorn. The provider noted the injured worker had increased swelling for the past few days; redness on hand; no pain in other fingers. Examination of the right index finger with proximal erythema and swelling with mild erythema; no fusiform digit, excoriated area dorsal finger without fluctuance; mildly decreased range of motion and normal range of motion at all other digits. Medications included Trazodone 50 mg to treat insomnia; Percocet 10/325 mg used to treat disc herniation and nerve impingement; Motrin 800 mg, used to treat pain and inflammation; Flexeril 10 mg, used to treat pain and muscle spasms; Prilosec 20 mg, used to treat secondary history of GI bleeding; and continue NSAID use. Diagnoses included degeneration of lumbar/lumbosacral intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; other symptoms; referral to back; and spinal stenosis lumbar region without neurogenic claudication. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazadone 50mg 2 Pills By Mouth Every Night at Bedtime (2 po qhs) #60Refill:3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 14 & 15.

**Decision rationale:** The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and Fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The provider documented the injured worker complained of low and mid back pain. The documents submitted failed to indicate the injured worker's outcome measurements while taking Trazodone. Furthermore, the documents submitted failed to indicate the outcome measurements of physical therapy, home exercise regimen, and pain medication management. As such, the request for Trazodone 50 mg 2 pills by mouth every night at bedtime (2 po QHS) # 60 refill 3, is not medically necessary.

**Flexeril 10mg1 Pill By Mouth 3 Times a Day (1 po tid) #90Refill: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TREATMENT FOR WORKERS' COMPENSATION

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and

amitriptyline. The documentation submitted lacked evidence of conservative care outcome measurements such as prior medication pain management. There was lack of documentation provided on the injured worker's long term-goals of functional improvement in his home exercise regimen. As such, the request for Flexeril 10 mg 1 pill by mouth 3 times a day (1 PO tid) # 90, refill 3 is not medically necessary.

**MS Contin 15mgBy Mouth 3Times a Day (po tid) #90Refill: 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was no outcome measurements indicated for the injured worker such as home exercise regimen or medication pain management for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. There was no urine drug screen submitted for opioid compliance. Given the above, the request for MSContin 15 mg by mouth 3 times a day (PO tid) # 90 refill 3 is not medically necessary.

**Percocet 10/325mg1 By Mouth, 3 Times a Day As Needed (1 po tid prn) #90Refill:3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was no outcome measurements indicated for the injured worker such as home exercise regimen or medication pain management for the injured worker. There was no urine drug screen submitted indicating opioid compliance. There was lack of documentation of long-term functional improvement for the injured worker. Given the above, the request for Percocet 10/325 mg 1 by mouth, 3 times a day as needed (1 PO tid prn) # 90, refill 3 is not medically necessary.

**Motrin 800mg1 By Mouth, 3 Times a Day, As Needed (1 po tid prn) #90Refill: 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The request for is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica, a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Ibuprofen 800 mg is taken by the injured worker. Given the above, the request for the Ibuprofen 800 mg 1 by mouth, 3 times a day, as needed (1 Po tid prn) # 90 refill 3, is not medically necessary.

**Prilosec 20mg 1Pill 4 times a day (1 qid) #30Refill: 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors, Page(s): 68-69.

**Decision rationale:** The request is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did indicate the injured worker having gastrointestinal events however, per the guidelines pain management has not been established for the injured worker. In addition, the provider failed to indicate long term functional goals outcome measurements for the injured worker. Given the above, the request for Prilosec 20 mg 1 pill 4 times a day (1 Qid) # 30 refill 3 is not medically necessary.