

<b>Case Number:</b>	CM14-0122863		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Family Medicine and is licensed to practice in California. 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:

63 yr. old female claimant sustained a work injury on 1/19/11 involving the low back. She was diagnosed with lumbar spondylolisthesis. Due to pain and immobility she had developed depression and weight gain. A progress note on 7/30/14 indicated the claimant had continued back pain with stiffness in the hips and groins. She had frequent tingling and spasms as well. Exam findings were notable for limited extension of the spine and being overweight. She was on Tramadol ER and topical Terocoin patches and LidoPro for pain relief. She had been on Norflex for spasms. She had been on Effexor and Trazadone for depression and Protonix for upset stomach related to the medications. She had been on the Norflex, Effexor, Trazadone and Prilosec since at least May 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 MG Qty: 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. A recent study found that chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid in doses that have been effective for painful diabetic neuropathy or postherpetic neuralgia. In this case, the claimant had been on Tramadol ER 150 mg for unknown length of time. In addition, the initial dose recommended is 100 mg before escalating. There is no evidence in the documentation of failure on 100 mg of Tramadol. The Tramadol 150 mg ER is therefore not medically necessary.

**Effexor 75 MG Qty: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation ODG) anti-depressants and mental health

**Decision rationale:** The MTUS guidelines do not comment on the use of Effexor for depression. According to the ODG guidelines, Effexor is an antidepressant. Its use is recommended, although not generally as a stand-alone treatment. It is beneficial along with psychotherapy. In this case, there is indication of psychological evaluation in 2012. There is no recent indication of the response to therapy and medications for depression. The continued use of Effexor therefore is not medically necessary.

**Trazodone 50 MG Qty: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): pg 13.

**Decision rationale:** Trazodone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. According to the ODG guidelines, Trazodone is an antidepressant. Its use is recommended, although not generally as a stand-alone treatment. It is beneficial along with psychotherapy. In this case, there is indication of psychological evaluation in 2012. There is no recent indication of the response to therapy and medications for depression. The continued use of Trazodone therefore is not medically necessary.

**Lidopro Lotion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines topical analgesics Page(s): pg 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved and the claimant does not have the above diagnoses. Therefore the Lidopro is not medically necessary.

**Terocin Patches Qty: 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

**Norflex 100 MG Qty: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

**Decision rationale:** According to the MTUS guidelines, Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. It is used as a muscle relaxant. Muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They show no benefit beyond NSAIDs in back pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex for over a year. The continued use of Norflex is not supported and not medically necessary.

**Protonix 20 MG Qty:60:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs Page(s): pg 68-69.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on a Proton pump inhibitor for over a year without any history of GI risks or prior events. Therefore, the continued use of Protonix is not medically necessary.