

<b>Case Number:</b>	CM14-0215548		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of September 30, 2003. In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve/partially approved/partially denied requests for Oxycodone, Gabapentin, and Trazodone. The claims administrator noted that the applicant had a longstanding history of chronic low back pain and was status post lumbar spine surgery. The claims administrator referenced progress notes of October 30, 2014 and August 11, 2014 in its determination. The applicant's attorney subsequently appealed, on January 22, 2015. The applicant's attorney enclosed a letter dated January 15, 2015, apparently countersigned by the applicant's treating provider. On said January 15, 2015 appeal letter, the attending provider reported persistent complaints of neck and low back pain status post lumbar laminectomy-fusion surgery. The applicant had undergone surgery on August 11, 2014, the treating provider stated. The applicant was using 25 mcg of Duragesic and 180 mg daily of Oxycodone, it was acknowledged. The applicant was also using Gabapentin. The applicant was using a walker as opposed to a wheelchair, the treating provider posited. 7/10 pain with medications versus 10/10 pain without medications was noted. The applicant had not yet begun physical therapy. The applicant had comorbidities including diabetes and hypertension. The applicant was on Duragesic, Neurontin, Atarax, Oxycodone, and Ambien, it was acknowledged. Diminished lower extremity strength was noted. The applicant was apparently using a walker to move about. The attending provider suggested that the applicant should continue with her current medication

regimen. The applicant was using baclofen, Plavix, Duragesic, Neurontin, hydrochlorothiazide, Atarax, insulin, meclizine, Oxycodone, Pravachol, Phenergan with Codeine cough syrup, insulin, Ventolin, and Ambien on June 14, 2014. The applicant was having difficulty performing activities of daily living as basic as getting up out of bed at that point in time, it was noted. 8/10 pain with medications versus 9/10 pain without medications was appreciated on that date.

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

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

**Trazodone 100mg #30 x 2 refills:** Upheld

**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.

**Decision rationale:** The request for Trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antidepressants such as Trazodone are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work. The applicant is apparently using a walker and/or wheelchair to move about. Ongoing usage of Trazodone has failed to curtail the applicant's dependence on opioid agents such as Duragesic and Oxycodone. The applicant remains substantially immobile. The applicant continued to report pain complaints as high as 7/10 with medications as of January 2015 appeal letter. The attending provider has failed to outline any meaningful or material improvements in function achieved as a result of ongoing Trazodone (Desyrel) usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request for Trazodone is not medically necessary.

**Oxycodone 30mg #180:** Upheld

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

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

**Decision rationale:** The request for Oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant reported pain complaints as high as 8/10 with medications in June 2014 and as high as

7/10 with medications in January 2015. This coupled with the applicant's continued complaints of difficulty performing activities of daily living as basic as standing and walking, does not make a compelling case for continuation of the same. Therefore, the request for Oxycodone is not medically necessary.

**Gabapentin 300mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

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

**Decision rationale:** The request for Gabapentin (Neurontin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant was/is off of work. Ongoing usage of Gabapentin failed to curtail the applicant's dependence on opioid agents such as Oxycodone and Duragesic. The applicant was consistently described as reporting pain complaints as high as 7-8/10, despite ongoing Gabapentin usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin (Neurontin).