

<b>Case Number:</b>	CM15-0012787		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Arizona

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 48-year-old male who reported injury on 06/07/2012. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/31/2014. The documentation of 12/23/2014 revealed the injured worker was on a high amount of opioids due to severe chronic pain and was doing functionally better until his medications were decreased. The documentation further indicated the injured worker's pain level in 10/2014 was 4 to 7 with documented functional improvement. The injured worker was making progress in terms of driving, participating in aquatic therapy, and performing more outings, and was using a walker everywhere he went. The injured worker's pain with the full amount of opioids was 5/10 to 9/10. The trazodone was noted to help with sleep and existing depression and the injured worker was noted to sleep in a recliner as laying down was too painful. The trazodone helped the injured worker sleep better as compared to without it. It also helped with depression. The injured worker had a thoracic epidural steroid injection and it helped over 50%. The injured worker was having right sided posterior pain with burning of the heels and sometimes left sided posterior pain similar to the right but not as severe. The right leg was noted to be weak but better with aquatic therapy. With no medications and the wet weather, the injured worker was not able to drive to therapy and was now noted to have a setback. The current medications included trazodone 150 mg #120, MSLA 200 mg 2 per day for chronic intractable spinal pain #60, MSIR 30 mg up to 8 times a day for breakthrough pain #240, Topamax 100 mg 1 at bedtime #30, naproxen 500 mg 2 a day for pain, Senna S #180 taken 1 up to 6 per day as needed, tramadol 50 mg #240 taken up to 8 per day as needed, Nuvigil for sleep

apnea, and testosterone 200 mg/mL as well as tizanidine 6 mg at night. The diagnoses included chronic thoracolumbar pain syndrome; thoracic compression fracture at T6-7 and T9-12; bilateral posterior leg pain, S1 radicular pattern; weakness of right leg and loss of reflexes at Achilles and knee; hypogonadism; status post surgery 2 level in 1994; mild right neural foraminal stenosis, L5-S1; multiple levels of arthropathy and facet degeneration, lumbar; and disc degeneration, lumbar, multiple levels. The treatment plan included an appeal of the medications.

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

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

#### **Trazadone 150mg #90: 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 rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the change of the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the injured worker had depression. There was documentation of an objective decrease in pain and an objective functional improvement with the use of this medication. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Therefore, the request for trazodone 150 mg #90 is not medically necessary.

#### **Tizanidine 4mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended period of time. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tizanidine 4 mg #60 is not medically necessary.

**MSLA 200mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional benefit. There was a lack of documentation that the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the daily morphine equivalent dose would be 688 mg, which exceeds the guidelines' recommendations of a maximum of 120 mg morphine equivalent dosing. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Therefore, the request for MSLA 200 mg #120 is not medically necessary.

**MSIR 30mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing, Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional benefit. There was a lack of documentation that the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the daily morphine equivalent dose would be 688 mg, which exceeds the guidelines' recommendations of a maximum of 120 mg morphine equivalent dosing. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for MSIR 30 mg #240 is not medically necessary.

**Topamax 100mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medication as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain of at least 30% to 50%. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Topamax 100 mg #60 is not medically necessary.

**Naproxen 500mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional benefit and an objective decrease in pain. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Therefore, the request for naproxen 500 mg #90 is not medically necessary.

**Senna 8.6-50mg #210:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend that upon starting opioids, the injured worker should be started on anti-constipation medications prophylactically. The clinical documentation submitted for review indicated the injured worker was utilizing the medication. However, there was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Senna 8.6/50 mg #210 is not medically necessary.

**Testosterone 200mg/mL injection #3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend testosterone replacement in limited circumstances for injured workers taking high dose long term opioids with documented low testosterone levels. The clinical documentation submitted for review failed to indicate the injured worker had documented low testosterone levels. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for testosterone 200 mg/mL injection #3 is not medically necessary.

**Nuvigil 250mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Nuvigil.

**Decision rationale:** The Official Disability Guidelines indicate that Nuvigil is not recommended solely to counteract sedation effects of narcotics. The documentation indicated the injured worker was utilizing the medication for sleep apnea. This would not be an appropriate use of the medication per the guidelines. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for Nuvigil 250 mg #30 is not medically necessary.