

<b>Case Number:</b>	CM15-0013359		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/22/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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:  
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 (LBP) reportedly associated with an industrial injury of February 22, 2001. In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve requests for trazodone, Norco, morphine, Flexeril, Restoril, and physical therapy. The claims administrator did note that the applicant was status post earlier lumbar spine surgery. The claims administrator invoked a variety of non-MTUS references, including non-MTUS Chapter 6 ACOEM Guidelines, which were mislabeled as originating from the current MTUS and non-MTUS ODG Guidelines. The claims administrator did apparently partially approved six of eight sessions of physical therapy requested while denying the remaining two sessions proposed. A November 26, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. The applicant's attorney stated that he was also appealing the physical therapy partial approval. In a progress note dated December 23, 2014, the applicant reported ongoing complaints of low back pain status post failed percutaneous disk decompression procedure in 2002. The applicant had also undergone various interventional spine procedures, all unsuccessful, including facet blocks and radiofrequency ablation procedure. The applicant had developed derivative complaints of weight gain, sleep disturbance, anxiety, and depression. The attending provider stated that he

was also proposing that the applicant receive an orthopedic bed and walk-in tub. The attending provider stated that he was providing the applicant refills of Norco, Flexeril, trazodone, Colace, Restoril, and MS Contin. The attending provider also stated that the applicant needed cognitive behavioral therapy and physical therapy. The applicant was off of work, it was acknowledged. The applicant was deemed a qualified injured worker, it was further stated. On January 23, 2015, the applicant was again given refills of Norco, Flexeril, trazodone, Colace, Restoril, and MS Contin. Cognitive behavioral therapy, physical therapy, an orthopedic bed, and walk-in tub were also endorsed. Once again, the applicant was deemed a qualified injured worker. It was stated that the applicant was not working. The applicant was also asked to employ other unspecified topical compounded medications. The applicant reported moderate-to-severe low back pain on this date. The applicant acknowledged that her pain complaints were limiting her ability to work, function, interact with family members, socialize, sleep, etc.

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

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

#### **One year authorization of Trazadone 50 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

**Decision rationale:** No, the request for trazodone (Desyrel), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as trazodone to exert their maximal effect, in this case, however, the applicant was/is using trazodone for what appears to have been a minimum of several months to several years on or around the date in question. The attending provider failed to outline any meaningful or material improvements in mood or function affected as a result of the same. The attending provider's progress notes of December 2014 and January 2015, referenced above, were notable for comments that the applicant was having difficulty sleeping, interacting with others, socializing, functioning, etc., owing to ongoing issues with depression, anxiety, and sleep disturbance. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of trazodone. Therefore, the request was not medically necessary.

#### **One year authorization of Hydrocodone/APAP 10/325 mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation [www.americanpainsociety.org](http://www.americanpainsociety.org)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20;.

**Decision rationale:** 2. Similarly, the request for hydrocodone-acetaminophen (Norco), 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. The applicant was off of work, it was acknowledged on progress notes of December 2014 and January 2015, referenced above. The applicant was deemed a qualified injured worker, the treating provider acknowledged. The applicant continued to report moderate-to-severe pain complaints on those dates and reported difficulty performing activities of daily living including working, sleeping, socializing, etc., despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**One year authorization of Morphine Sul 100 mg ER #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation [www.americanpainsociety.org](http://www.americanpainsociety.org)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20;.

**Decision rationale:** 3. Similarly, the request for morphine sulfate, a long-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, however, the applicant was/is off of work, on total temporary disability, despite ongoing morphine usage. The applicant continued to report complaints of moderate-to-severe pain in January 2015 and December 2014. The applicant was having difficulty performing activities of daily living as basic as sleeping, socializing, interacting with others, etc., despite ongoing morphine usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**One year authorization of Cyclobenzaprine 10 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

**Decision rationale:** 4. Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using morphine, Restoril, Norco, i.e., a variety of other analgesic and anxiolytic medications. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**One year authorization of Temazepam 30 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** 5. The request for temazepam, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam or Restoril may be appropriate for “brief periods,” in cases of overwhelming symptoms, here, however, the 60-tablet supply of temazepam (Restoril) at issue represents chronic, long-term, and daily usage. Such usage, however, runs counter to the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

**One year authorization of physical therapy 2 x 4 lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

**Decision rationale:** 6. Finally, the request for eight sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work as of the January 2015 and December 2014 progress notes on which additional physical therapy was sought. The applicant was a qualified injured worker, the treating provider acknowledged. The applicant was having continued difficulty performing activities of daily living as basic as working, socializing, etc., interacting with others, etc., it was acknowledged, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

