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| <b>Case Number:</b>   | CM15-0112965 |                              |            |
| <b>Date Assigned:</b> | 07/22/2015   | <b>Date of Injury:</b>       | 09/04/2002 |
| <b>Decision Date:</b> | 08/27/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2015 |

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 65 year old male, who sustained an industrial injury on 9/4/2002. The mechanism of injury is injury from bending down picking up a large chain, which was used to pull pallets out from the back of a trailer. The current diagnoses are major depression, post-laminectomy syndrome, lumbar stenosis, and multi-level lumbar degenerative discopathy and spondylosis. According to the progress report dated 3/12/2015, the injured worker complains of ongoing pain in his back. The level of pain was not rated. In addition, he reports periods of depression and anxiety. Mental status examination reveals depressed mood and affect. The current medications are Wellbutrin, Lexapro, Ativan, and Ultracet. There is documentation of ongoing treatment with Lorazepam and Tramadol since at least 9/18/2014. Treatment to date has included medication management, x-rays, MRI Studies, physical therapy, aqua therapy, home exercises, electrodiagnostic testing, psychopharmacotherapy, and surgical intervention. Work status is permanent and stationary. A request for Lorazepam and Tramadol has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1 mg #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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guideline, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is documentation of ongoing treatment with Lorazepam since at least 9/18/2014, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Lorazepam is not medically necessary.

**Tramadol Hydrochloride #120:** 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): 74-96, 113.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is no documentation that the injured worker has failed first-line oral analgesic use. In addition, the treating physician did not document the least reported pain over the period since last assessment,

average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.