

<b>Case Number:</b>	CM15-0115073		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Pediatrics, Internal 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 injured worker is a 45 year old male who sustained an industrial injury on 11/09/2006 resulting in pain/injury to the neck, both shoulders and right elbow. Treatment provided to date has included: bilateral shoulder surgeries, right elbow surgery, physical therapy, shoulder injections, medications (Norco, OxyContin, naproxen, Lidoderm patch, mirtazapine, Prilosec, Protonix, Flexeril) and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine showing multilevel disc disease with multilevel facet hypertrophy; and electrodiagnostic/nerve conduction testing of the upper extremities which were noted to be unremarkable. Comorbidities included hypertension and possibly diabetes. There were no other dates of injury noted. On 05/06/2015, physician progress report noted complaints of neck pain with no rating in severity mentioned. The injured worker reported improvement in the right elbow pain, but continues to experience numbness and tingling. Additional complaints included heaviness in the shoulders and easily fatigued. The injured worker was noted to have low back pain, but this was not indicated to be part of the worker's compensation claim. The injured worker reported that medications help him to be functional. Current medications include Norco, gabapentin, tramadol ER, Aciphex, naproxen, Effexor and trazodone. The physical exam revealed an elevated blood pressure (147/97), tenderness to palpation (TTP) across the cervical paraspinal muscles, triceps, shoulder girdle, pain along the facets, pain with facet loading, restricted range of motion in the right elbow, TTP along the olecranon and capitellar joint as well as the cubital tunnel on the right, and a positive Tinel's test. The provider noted diagnoses of discogenic cervical condition with radicular component, rotator cuff tear on the right - status post

right shoulder arthroscopy, decompression and rotator cuff repair, left shoulder impingement syndrome - status post intervention surgically, elbow joint inflammation with loss of motion - status post plica release and ostectomy, and chronic pain associated with weight gain of 110 pounds with element of sleep, depression and stress. Plan of care includes continue medications (Norco, gabapentin, tramadol ER, Aciphex, naproxen, Effexor and trazodone), referrals to psychiatry and pain management, and follow-up. The injured worker's work status remained permanently partially disabled but was noted to not be working. The request for authorization and IMR (independent medical review) includes: Norco 10/325mg #120, tramadol ER 150mg #30, Aciphex 20mg #30 and Trazodone 50mg #60.

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

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS discourages long term usage unless there is evidence of "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." The MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The treating physician does not document: 1) the least reported pain over the period since last assessment 2) average pain 3) intensity of pain after taking the opioid 4) how long it takes for pain relief 5) how long pain relief lasts 6) improvement in pain 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last 6 months. As such, Norco 10/325mg #120 is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94.

**Decision rationale:** MTUS (Medical Treatment Utilization Schedule) discourages long term usage unless there is evidence of 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, return to work, or improved quality of life. Opioids are to be weaned and discontinued if there is no overall improvement in function, unless there are extenuating circumstances. The MTUS warns that tramadol (specifically) may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. After reviewing the clinical documentation submitted for review, it is found that the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; 6) improvement in function; or 7) return to work. These are necessary to meet MTUS guidelines. Additionally, the injured worker is being prescribed Effexor which is a serotonin and norepinephrine reuptake inhibitor (SNRI). As such, the request for tramadol ER 150mg #30 is not medically necessary.

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** Aciphex is a proton pump inhibitor (PPI) which is used to treat heart burn, stomach ulcers, gastroesophageal reflux disease (GERD), esophagus damage and excessive amounts of stomach acid. The MTUS recommends PPIs (proton pump inhibitors) for injured workers with intermediate or high risk of gastrointestinal (GI) events. These include: 1) age >65; 2) history of peptic ulcer disease, GI bleeding or GI perforation; 3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or 4) high dose/multiple NSAIDs. The OGD states the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is harmless, but much information is available to demonstrate otherwise. After reviewing the medical documentation submitted for review, we have determined that although the injured worker had undergone a first-line therapy trial of Prilosec in 01/2013, there have been no GI complaints, history of GI bleeding or perforation, the injured worker is not >65 in age, and there is no evidence of prescribed high dose/multiple NSAIDs. Despite there being no clinical indications for the use of this drug class, it was noted that the injured worker has been prescribed a PPI for more than 2 years. Therefore, we have determined that Aciphex 20mg #30 is not medically necessary.

**Trazodone 50mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter - Trazodone (Desyrel); and Insomnia Treatment Chapter.

**Decision rationale:** The MTUS (Medical Treatment Utilization Schedule) is silent on the use of Trazodone; therefore the ODG was consulted in this decision. The ODG recommends trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has been used to treat insomnia; however, there is less evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. There has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening and headaches. Tolerance may develop and rebound insomnia has been found after discontinuation. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. After reviewing the medical documentation submitted for review, it was determined that although the injured worker was noted to have depression and stress, there was no documentation showing that the components (sleep onset, sleep maintenance, sleep quality and next-day functioning) of the injured worker's sleep issues/insomnia have been addressed. It was also noted that the injured worker had been prescribed trazodone since 09/03/2014 with no noted improvement in insomnia. Thus, indicating that trazodone has been ineffective in treating the injured worker's insomnia. Therefore, based on these findings and recommendations, trazodone 50mg #60 is not medically necessary.