

<b>Case Number:</b>	CM15-0117487		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/08/2005
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 59-year-old male, with a reported date of injury of 05/08/2005. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include lumbar disc disease with radiculopathy, status post lumbar fusion, depression, insomnia, lumbar stenosis, lumbar facet joint arthropathy, lumbar facet joint pain, lumbar spine disc protrusion, and chronic pain syndrome. Treatments and evaluation to date have included a TENS (transcutaneous electrical nerve stimulation) unit, oral medications, topical pain medication, a back brace, trigger point injections to the bilateral lumbar paraspinal muscles, lumbar epidural injection, and physical therapy. According to medical report dated 07/08/2013, the diagnostic studies to date included an MRI of the low back in 2011 which showed multilevel disc disease at L3-4 and L2-3 with moderate bilateral neuroforaminal narrowing at L3-4 and previous laminotomies at L3, L4, and L5 and anterior interbody fusion at L4-5. The medical report dated 05/14/2015 indicates that the injured worker had low back pain. He rated his pain 7-9 out of 10. The injured worker walks with a cane for assistance. The pain in the low back radiated to the calf, and there was numbness and tingling in both legs, left worse than the right. He has help with chores around the house, he does a little bit of cooking and cleaning minimally, and he does his personal hygiene. It was noted that the pain would awaken the injured worker from his sleep; he had sleeping issues; and Trazodone took care of his sleep. The objective findings include tenderness along the lumbar spine, spasm, flexion no more than 45 degrees, extension at 15 degrees, and a slow and steady gait. The report indicates that nerve studies have shown neuropathy rather than radiculopathy. It

was noted that in 2008, the injured worker was deemed permanent and stationary. The injured worker is currently retired. The treatment plan included access to a garment for the TENS unit, Trazodone to all the injured worker to have some sleep, and Ultracet, since Norco was denied. The treating physician requested one garment for the TENS unit, TENS unit pads, Trazodone 50mg #60, and Ultracet 37.5mg #60.

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

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

#### **1 Garment for TENS Unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. TENS garments are only recommended for treatment of large areas that cannot be treated by a conventional system or conditions that prevent use of a traditional system (such as skin pathology). In this case, there is no evidence that the low back area is too large to be treated with a normal TENS device. In addition, there has been no documentation of any objective functional benefit, a decrease in pain, or decrease in medication from previous usage of the TENS unit. Medical necessity for the requested item has not been established. The requested TENS unit garment is not medically necessary.

#### **1 TENS Unit pads: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is evidence of the TENS unit usage since 2012. There has not been documentation of any objective functional benefit, a decrease in pain, or decrease in medication from usage of the TENS unit. Medical necessity for the requested item has not been established. The requested TENS unit pads are not medically necessary.

## **1 Prescription of Trazodone 50mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness & stress, Trazodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Trazodone (Desyrel).

**Decision rationale:** Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, there is no documentation of a history of depression, anxiety or insomnia. The injured worker has been diagnosed with depression and insomnia. However, the patient has denied having depression during each examination in 2015. The request does not meet guideline recommendations. Therefore, the request for Trazodone is not medically necessary.

## **1 Prescription of Ultracet 37.5mg #60: 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.

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, an opioid contract, and documentation of a prior failure of non-opioid therapy. According to the ODG, Tramadol/Acetaminophen is for short term use of < 5 days in acute pain management and is not recommended for patients with hepatic impairment. The MTUS also recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. A routine urine drug test was performed on 02/02/2015, which was positive for opiates (Norco). The injured worker has been taking anti-inflammatory medications and opioids since at least 03/26/2012. The documentation shows that a prescription for Ultracet was dated 05/19/2015. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the

period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in activities of daily living, and dependency on continued medical care. The injured worker has been using Tramadol longer than guidelines recommend. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.