

<b>Case Number:</b>	CM15-0118725		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/10/2004
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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

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 44 year old male, who sustained an industrial injury on 7/10/14. He reported initial complaints of a slip and fall backwards causing back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; postlaminectomy syndrome of the lumbar region; lumbago; backache unspecified; back pain; long-term use of medications; failed back syndrome; arthropathy of the lumbosacral facet joint. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 5/13/15 indicated the injured worker presents for chronic opioid management. He is receiving opioids for neck pain, back pain and leg pain. Pain scores include a current level of 9/10 and in constant pain. Current non-opioid treatment includes nonsteroidal anti-inflammatory drugs (Naprosyn) and non-opioid analgesics (Trazodone; Xanax). Current opioid treatment includes short-acting oral opioids (Percocet #240). The injured worker reports that the current regimen has been effective. There have been no adverse side effects reported. Currently a contract agreement regarding the opioids exists. The most recent drug testing was performed on 3/18/15 and positive for the prescribed opioids. The injured worker reports Percocet keeps him active; Trazodone helps him sleep. He has been prescribed Percocet since his first visit 8/6/14 and urine drug screenings ensure his compliancy. On physical examination, the provider documents exquisitely tender to the paravertebral muscles L3-S1 with surrounding tissue tension and spasms. Sensation is noted as normal. Assessment of pain reveals the pain is characterized as severe, constant ache and deep with a pain rated at 8/10. Pain refers bilaterally to the hips, the lower back and bilaterally to the posterior legs. He has tenderness over the anterior thigh bilaterally. The

provider is requesting authorization of Naprosyn 500mg #60 with one refill; Percocet 10/325mg #240 with one refill; Trazodone HCL 100mg #90 with one refill and Xanax 1mg #90 with one refill.

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

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

**Naprosyn 500 MG #60 with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with chronic neck, low back and leg pain. The current request is for Naprosyn 500 MG #60 with 1 Refill. The RFA is dated 05/16/15. Treatment to date has included physical therapy, medications, and surgery. The patient is not working. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs, 'NSAIDs', in chronic LBP and of antidepressants in chronic LBP." According to progress report 05/13/15, the patient presents "for chronic opiate management." Patient's current pain level was reported to be a "constant" 9/10. Medication regimen included non-opioid nonsteroidal anti-inflammatory drugs (Naprosyn), Trazodone, Xanax and short-acting oral opioid Percocet #240. This patient has been utilizing Naprosyn since at least 11/23/14. There were no specific discussion regarding Naprosyn. There is one report dated 11/23/14 that states, "current regimen has been effect." The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. There is no discussion regarding function and each report continually notes that the patient's pain is a "constant" 8-9/10, with no before and after scale to show a decrease in pain. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.

**Percocet 10/325 MG #240 with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89, 80-81.

**Decision rationale:** This patient presents with chronic neck, low back and leg pain. The current request is for Percocet 10/325 MG #240 with 1 Refill. The RFA is dated 05/16/15. Treatment to

date has included physical therapy, medications, and surgery. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress report 05/13/15, the patient presents "for chronic opiate management." Patient's current pain level was reported to be a "constant" 9/10. Medication regimen included non-opioid nonsteroidal anti-inflammatory drugs (Naprosyn), Trazodone, Xanax and short-acting oral opioid Percocet #240. The patient has been utilizing Percocet since at least 10/14/14. The patient reports that Percocet, specifically, keeps him "active." Report 05/13/15, 03/22/15, 01/24/15 and 11/23/14 note pain level is a "constant" 8-9/10. The patient's UDS from 03/27/15 and 09/23/14 showed multiple inconsistencies, in which the treater's response was "the patient was given codeine for a cough by Dr. D." Review of the UDS report shows the patient was positive for Noroxycodone and Oxymorphone, which are not medications prescribed to him. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain either. Furthermore, the treater does not adequately address patient's aberrant behavior. The 4A's have not all been addressed, as required by MTUS. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

**Trazodone HCL 100 MG, #90 with 1 Refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

**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 has the following regarding Trazodone.

**Decision rationale:** This patient presents with chronic neck, low back and leg pain. The current request is for Trazodone HCL 100 MG, #90 with 1 Refill. The RFA is dated 05/16/15. Treatment to date has included physical therapy, medications, and surgery. The patient is not working. The ODG Guidelines under the mental illness and stress chapter has the following regarding Trazodone, "recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also insomnia treatment, where it says that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." According to progress report 05/13/15, the patient presents "for chronic opiate management." Patient's current pain level was reported to be

a "constant" 9/10. Medication regimen included non-opioid nonsteroidal anti-inflammatory drugs (Naprosyn), Trazodone, Xanax and short-acting oral opioid Percocet #240. The patient has been utilizing Trazodone since at least 10/14/14. The patient has reported that Trazodone "is helping him sleep." Due to the efficacy of the medication, he would like to continue using it. As noted in progress reports, the patient has been managing his sleep issues effectively with the use of Trazodone. With chronic pain, lack of sleep and function, the patient can be depressed as well. Trazodone has been prescribed in accordance to ODG guidelines and has been beneficial in reducing the patient's sleep disturbances. This request IS medically necessary.

**Xanax 1 MG #90 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

**Decision rationale:** This patient presents with chronic neck, low back and leg pain. The current request is for Naprosyn 500 MG #60 with 1 Refill. The RFA is dated 05/16/15. Treatment to date has included physical therapy, medications, and surgery. The patient is not working. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." According to progress report 05/13/15, the patient presents "for chronic opiate management." Patient's current pain level was reported to be a "constant" 9/10. Medication regimen included non-opioid nonsteroidal anti-inflammatory drugs (Naprosyn), Trazodone, Xanax and short-acting oral opioid Percocet #240. The patient has been utilizing Xanax since at least 10/14/14. MTUS and ODG guidelines do not recommend long-term use of benzodiazepines. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.