

<b>Case Number:</b>	CM15-0128654		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: 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 injured worker is a 52 year old male, who sustained an industrial injury on 10-22-14. The injured worker has complaints of pain in his neck, mid-back, lower back, left foot and tailbone-buttocks. Examination of the cervical spine revealed tenderness to palpation over the posterior lateral neck-facet posterior elements and the lumbar spine reveals tenderness to palpation over the midline paraspinal muscle junction. The diagnoses have included lumbar radiculopathy; low back pain; cervical facet syndrome and cervical pain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 1-13-15 showed transitional vertebra presumable partial lumbarization of S1 (sacroiliac) and study is interpreted as if the last lumbar intervertebral disc space is indeed S1 (sacroiliac)-S2 where nothing abnormal is seen, disc degeneration with 2 millimeter broad disc protrusion eccentric toward left neuroforamen and second to last lumbar type intervertebral disc space, presumably L5-S1 (sacroiliac), mild disc protrusion toward left neuroforamen at L4-L5; physical therapy; chiropractic treatment; cyclobenzaprine and norco. The request was for aciphex 20mg #60; ultracet (tramadol) 37.5mg #60; trazodone 50mg #60 and norflex 100 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AcipHex, NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton Pump Inhibitors Section.

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. Per the ODG, other PPIs such as Protonix, Dexilant, and Aciphex, should be second-line. While there is evidence of gastrointestinal events in this case, there is no documented evidence supporting the use of Aciphex over a first-line agent like Prilosec. The request for Aciphex 20mg #60 is determined to not be medically necessary

**Ultracet (Tramadol) 37.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going management, When to Discontinue Opioids, When to Continue Opioids, Weaning of Medications, Tramadol Page(s): 93-95, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no documented evidence of maintenance or improvement of function with the use of Tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultracet (Tramadol) 37.5mg #60 is determined to not be medically necessary.

**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 (ODG), Pain, Sedating antidepressants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

**Decision rationale:** Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. There is no current assessment of the continued need of trazodone. The benefits for sleep and depression in this particular injured worker are not addressed, therefore, the request for Trazodone 50mg #60 is determined to not be medically necessary.

**Norflex 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section, Weaning of Medications Section Page(s): 63-65, 124.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbation of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. In this case, there is no evidence of spasm on physical exam and the injured worker is using the medication for chronic pain. The medical records provide no evidence of an acute exacerbation of pain that may benefit from short-term use of a muscle relaxant. The request for Norflex 100mg #60 is determined to not be medically necessary.