

Case Number:	CM15-0042776		
Date Assigned:	03/12/2015	Date of Injury:	09/04/2007
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania

Certification(s)/Specialty: 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:

This 54 year old male injured worker suffered an industrial injury on 9/4/2007 due to a motor vehicle accident. The diagnoses were chronic pain syndrome, post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, depression, and insomnia. The treatments were medications, spinal surgery with L4-L5 laminectomy in 2008, physical therapy, chiropractic treatment, epidural steroid injections, transcutaneous nerve stimulator, and spinal cord stimulator. Diagnostic testing has included radiographic imaging, MRIs, and electrodiagnostics studies. Records refer to sleep disturbance. Gabapentin, tramadol, norco, trazodone, and tizanidine were prescribed since January 2013. A urine drug screen in September 2013 on the date of an office visit was negative for hydrocodone and tramadol. Some reports mention use of additional medications including nucynta, baclofen, and Cymbalta. A progress note from October 9, 2014 notes that the injured worker has found tramadol helpful for the treatment of his chronic pain for the past 6 years and that he was taking a higher dose than previously. The physician notes that the injured worker had a slightly elevated alanine aminotransferase (ALT) level and that the injured worker admits to drinking beer. A Qualified Medical Evaluation (QME) on 10/14/13 showed decreased lumbosacral range of motion, with normal strength and sensation in the lower extremities. The progress notes state that the injured worker had a signed opioid contract and that chronic opioids were necessary for chronic intractable pain. The treating physician noted the injured worker can perform increased activities of daily living (ADLs) with medications, that medications help control pain and increase function, and that there was no aberrant behavior. At a visit on 12/15/14, the injured worker

continued to describe pain in the legs and low back. Examination of the back was not documented. Work status was noted to be permanent and stationary. The documentation indicates that the injured worker was retired and not working. On 2/25/15, Utilization Review (UR) non-certified requests for Tizanidine HCL 4mg, #90 with 3 refills, Tramadol HCL ER 200mg, #60 with 3 refills, Norco 10/325mg, #60, Trazadone HCL 50mg, #60 with 3 refills, and Gabapentin 300mg, #150 with 3 refills. UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Tizanidine has been prescribed for more than one year. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. The documentation indicates that the injured worker was found to have elevated liver function test (ALT) without notation of adjustment in medication. Due to length of use in excess of the guidelines and potential for toxicity, the request for tizanidine is not medically necessary.

Tramadol HCL ER 200mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The injured worker has been prescribed another opiate, norco. The

documentation notes that tramadol has been prescribed for 6 years. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. This injured worker has chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working, and there has been no documentation of improvement of activities of daily living, reduction in medication, or decrease in the frequency of office visits. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. A urine drug screen submitted was negative for prescribed medications including tramadol. The injured worker was noted to consume beer; concurrent use of alcohol or other illicit drugs is considered adverse behavior. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. This injured worker has chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Norco has been prescribed for more than one year. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working, and there has been no documentation of improvement of specific activities of daily living, reduction in medication, or decrease in the frequency of office visits. The physician noted that medications help control pain and increase function, but this was not specific and not attributed to any individual medication. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-

opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. A urine drug screen submitted was negative for prescribed medications including tramadol and hydrocodone. The injured worker was noted to consume beer; concurrent use of alcohol or other illicit drugs is considered adverse behavior. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary

Trazadone HCL 50mg, #60 with 3 refills: 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) - Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants p. 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, trazodone was noted to have been prescribed for insomnia. Sedating antidepressants such as amitriptyline, trazodone, and mirtazapine have been used to treat insomnia; there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The MTUS does not address the use of hypnotics other than benzodiazepines. In this case, the injured worker was noted to have depression and insomnia; however, no physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The injured worker has been prescribed trazodone for more than one year without documentation of functional improvement as a result of use. Due to insufficient evaluation of sleep disorder, and lack of functional improvement, the request for trazodone is not medically necessary.

Gabapentin 300mg, #150 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). Gabapentin has been prescribed for more than one year without documentation of functional improvement. The injured worker was not working, and there was no documentation of specific improvement in activities of daily living, reduction in medication use, or decrease in frequency of office visits. The injured worker did not have a diagnosis of diabetic neuropathy or postherpetic neuralgia. Due to lack of indication and lack of functional improvement, the request for gabapentin is not medically necessary.