

<b>Case Number:</b>	CM15-0073165		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 66 year old male who sustained an industrial injury on 07/01/2005. The injured worker was diagnosed with lumbosacral strain and sciatica. Treatment to date includes diagnostic testing, physical therapy, home exercise program, low corset back brace and medications. According to the primary treating physician's progress report on March 24, 2015, the injured worker continues to experience low back pain rated as 9/10 in the past week and 8/10 at its best over the past week. Associated symptoms are numbness and tingling with difficulty sleeping due to spasms. Examination demonstrated trigger points in the gluteus medius and quadratus lumborum bilaterally. Paresthesias to light touch were noted in the lateral right leg. Sacroiliac (SI) joint compression test was positive. Current medications are listed as Hydrocodone, Soma, Gabapentin, Trazodone and Quazepam. Treatment plan consists of back brace as needed, home exercise program targeting the gluteal muscles, medication regimen and the current request for Hydrocodone, Trazodone and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Trazadone 50mg with 1 refill: Upheld**

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

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

**Decision rationale:** ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep; sleep onset, sleep maintenance, sleep quality and next day function. Trazodone is typically used for treatment of insomnia. There is no other insomnia described nor is the response to treatment with trazodone documented. Therefore, there is no documentation of the medical necessity of treatment with trazodone and the UR denial is upheld. The request IS NOT medically necessary.

**90 Tablets of Gabapentin 600mg with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

**Decision rationale:** CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain but without any documentation of objective improvement in pain control or function with its use. Gabapentin is not medically necessary.

**120 Tablet Hydrocodone/Acetaminophen 7.5mg/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications

used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with hydrocodone-acetaminophen.