

<b>Case Number:</b>	CM15-0122234		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/19/1992
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 69 year old female sustained an industrial injury to the back on 4-19-92. Documentation did not disclose previous treatment. In the only documentation submitted for review, a PR-2 dated 4-15-15, the injured worker complained of ongoing low back pain. The injured worker had been authorized for acupuncture. The injured worker need medication refills. The physician noted that magnetic resonance imaging lumbar spine (5-2-11) showed facet arthritic changes at L5-S1 and L4-5 with bulging disc at L4-5. There were no significant changes to objective findings. Current diagnoses included lumbar spine stenosis. The treatment plan included prescriptions for Vicoprofen, Ultracet, Neurontin, Trazodone, Effexor and Colace and starting acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Vicoprofen 7.5/200 mg 1 tablet three times/day quantity 120, no refills for low back pain, date of service 4/15/15 as an out-patient: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 77 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG states concerning Vicoprofen (Hydrocodone/Ibuprofen) "Recommended for short term use only (generally less than 10 days)". The patient has exceeded the 10 day recommended treatment length for usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the question for Retro: Vicoprofen 7.5/200 mg 1 tablet three times/day quantity 120, no refills for low back pain, date of service 4/15/15 as an out-patient is medically necessary.

**Retro: Ultracet 37.5/325 mg 1 tablet twice a day quantity 60, 1 refills for low back pain, date of service 4/15/15 as an out-patient: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123.

**Decision rationale:** Ultracet is the brand name version of Tramadol and Tylenol. MTUS refers to Tramadol/Tylenol in the context of opioids usage for osteoarthritis "Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxymorphone, oxycodone, hydromorphone, fentanyl, morphine sulfate)". MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen". The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for Retro: Ultracet 37.5/325 mg 1 tablet twice a day quantity 60, 1 refills for low back pain, date of service 4/15/15 as an out-patient is medically necessary.

**Retro: Neurontin 800 mg three times/day quantity 90, 1 refill for low back pain, date of service 4/15/15 as an out-patient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended". Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". The treating physician has provided documentation of neuropathic pain for which Neurontin is appropriate first line treatment. The medical documentation provided indicates functional improvement and decreased pain with the use of Neurontin. As such, the request for Retro: Neurontin 800 mg three times/day quantity 90, 1 refill for low back pain, date of service 4/15/15 as an out-patient is medically necessary.

**Retro: Trazodone 50 mg at bedtime quantity 60, 1 refill for low back pain, date of service 4/15/15 as an out-patient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Trazodone.

**Decision rationale:** Regarding Trazodone, the above cited guidelines say: "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 there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary

insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia". The employee has a history of depression and insomnia. Documentation provided indicate the patient reports sleeping is much improved after taking Trazodone. This patient meets the criteria above for having insomnia with mild psychiatric symptoms. Therefore, the request for Retro: Trazodone 50 mg at bedtime quantity 60, 1 refill for low back pain, date of service 4/15/15 as an out-patient is medically necessary.

**Retro: Effexor ER 75 mg daily quantity 30, 1 refill for low back pain, date of service 4/15/15 as an out-patient: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16.

**Decision rationale:** Venlafaxine is classified as a serotonin and norepinephrine reuptake inhibitor, commonly used as an antidepressant. MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur". MTUS further details "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy, and Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. (Maizels, 2005) (ICSI, 2007) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation". The treating physician indicates this patient is taking this medication to treat neuropathic pain. The treating physician has documented increased in function and decrease in pain with the use of Effexor. As such, the request for Retro: Effexor ER 75 mg daily quantity 30, 1 refill for low back pain, date of service 4/15/15 as an out-patient is medically necessary.

**Retro: Colace 100mg twice/day quantity 60 1 refill for the low back pain date of service 4/15/15 as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment and Other Medical Treatment Guidelines UpToDate.com, Docusate.

**Decision rationale:** Docusate is a stool softener. This patient is undergoing treatment with an opioid. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents". Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (e.g., Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives". The treating physician does not document what first line treatments have been tried and what the results of those treatments are. Additionally, no quantitative or qualitative description of bowel movement frequency/difficulty was provided either pre or post "constipation treatment education" by the physician, which is important to understand if first line constipation treatment was successful. As such, the request for Retro: Colace 100mg twice/day quantity 60 1 refill for the low back pain date of service 4/15/15 as an outpatient is not medically necessary at this time.