MAXIMUS Federal Services

Case Number:	CM13-0017755		
Date Assigned:	11/06/2013	Date of Injury:	01/26/2004
Decision Date:	01/27/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old female who reported an injury on 01/26/2004. The mechanism of injury was not included in the medical records. The patient's diagnoses are listed as herniated nucleus pulposus of the lumbar spine, lumbar spinal stenosis, lower extremity radiculitis, myofasciitis, status post cervical fusion, and cervical disc disease. The patient's symptoms include low back pain with right lower extremity radiculopathy. Her objective findings include slight straightening of her normal cervical curvature, mild to moderate myofasciitis from the suboccipital region into the trapezius and scapular areas bilaterally, decreased range of motion of the cervical spine secondary to pain, mild to moderate muscle spasm in the lower lumbar area down into the sacrum, positive right straight leg raise, diminished Achilles reflex on the right, weakness to dorsiflexion, difficulty with heel-to-toe walk, diminished sensation to pinprick of the right lateral calf and foot, and increased muscle spasm and myofascitis of the lumbar spine. Her medication list included .

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertraline 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14, 24. Decision based on Non-MTUS Citation ODG Mental Illnedd & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The patient's medication list included Norco 10/325 mg 4 times a day and Celebrex 200 mg twice a day. The request is for sertraline, which is an SSRI. The California MTUS Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. The Guidelines further state that the assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and a psychological assessment. Additionally, side effects, including excessive sedation, should be assessed. Moreover, the Guidelines state that SSRIs are controversial based on controlled trials. The documentation submitted for review failed to include documentation of an initial trial on a tricyclic antidepressant, which is the first line therapy. Additionally, the documentation does not include detailed documentation of treatment efficacy including pain outcomes, evaluation of function, changes in use of other medications, and sleep quality, and a psychological assessment as required by the Guidelines. Furthermore, the Guidelines state that treatment with SSRIs is controversial and the patient's current medication list does not include Sertraline. For these reasons, the request for Sertraline 100mg is non-certified.

Xanax .5mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. It further specifies that use is usually limited to 4 weeks. The patient's current medication list included Norco and Celebrex, and did not include Xanax. Therefore, it is not known how long the patient has been taking Xanax or her outcome on this medication. As the documentation fails to show details regarding the patient's prescription for Xanax, and the Guidelines state that this medication is not for long-term use, the request is not supported. Therefore, the request for Xanax 5mg is non-certified.

Protronix 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter) Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient's medication list includes Norco and Celebrex. Celebrex is noted to be a COX-2 selective NSAID. The California MTUS Guidelines state that for patients at high risk for gastrointestinal events who have no cardiovascular disease, the recommendation is for a COX-2 selective agent plus a proton pump inhibitor if absolutely necessary. The patient was not noted in recent documentation to be at high risk for gastrointestinal events and her cardiovascular risk status was also not addressed. Additionally, the patient's medication list did not include Protonix; therefore, it is unknown how the patient is taking this medicine. With the absence of details including the patient's gastrointestinal and cardiovascular risks, and how the patient is using Protonix, the request is not supported. Therefore, the request for Protonix 40mg is non-certified.

Trazodone 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The patient's medication list includes Norco and Celebrex. The request is for trazodone, which is a tetracyclic antidepressant. The California MTUS Guidelines state that tricyclic antidepressants are considered the first line antidepressants for chronic pain unless they are ineffective, poorly tolerated, or contraindicated. Additionally, for patients taking antidepressants for chronic pain, treatment efficacy should be documented including pain outcomes, evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. As the documentation submitted for review fails to give detailed documentation regarding the patient's use of this medication, a trial of a first line tricyclic antidepressant, and detailed documentation regarding the patient's pain outcomes, including an evaluation of function, the request is not supported. Therefore, the request for Trazodone 150mg is non-certified.