

Case Number:	CM13-0022024		
Date Assigned:	12/04/2013	Date of Injury:	06/04/2009
Decision Date:	01/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/09/2013

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 in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 36-year-old female with a reported date of injury of 08/04/2009. The patient presented with constant low back pain, left knee pain, spasms, and numbness/tingling in the low back, tenderness upon palpation of the low back, abnormal gait, sleep issues, and depression. The patient had diagnoses including chronic low back pain due to chronic lumbar paraspinal muscle strain and stiffness, and element of depression and insomnia. The physician's treatment plan consisted of request for Prilosec 20 mg dispensed from office, quantity 60, Neurontin 600 mg, Tramadol ER 150 mg, Effexor 75 mg, Neurontin 600 mg, and Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg dispensed from office qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDS, GI Symptoms, and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS Page(s): 68,69.

Decision rationale: MTUS Chronic Pain Guidelines recommend the use of a proton pump inhibitor (PPI) for patients at intermediate or high risk for gastrointestinal events with no cardiovascular disease. Within the medical records provided for review, the requesting physician

did not include adequate documentation that the patient was at risk for gastrointestinal events. It was unclear in the provided documentation if the patient had a history of peptic ulcer, GI bleeding, or perforation, which is among the MTUS Chronic Pain Guidelines' criteria for use of a PPI. Therefore, the request for Prilosec 20 mg dispensed from office quantity 60 is not medically necessary and appropriate.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Gabapentin Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,22,49.

Decision rationale: MTUS Chronic Pain Guidelines note Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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 Guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The Guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation it did not appear the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia to demonstrate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of objective functional improvements with the medication or decreased pain from use of the medication in order to demonstrate the efficacy of the medication. Therefore, the request for Neurontin 600 mg is not medically necessary and appropriate.

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Classification-Tramadol (Ultram). Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78.

Decision rationale: MTUS Chronic Pain Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose to improve pain and function. The Guidelines further indicate that the provider should conduct ongoing reviews with 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. Within the provided documentation, the requesting physician did not include documentation of significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include an adequate and full assessment of the patient's pain including the least

reported pain over the period since the last assessment, intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for Tramadol ER 150 mg is not medically necessary and appropriate.

Prospective: Effexor 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Mental Illness and Stress, Antidepressants.

Decision rationale: MTUS Chronic Pain Guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The Guidelines note antidepressants are recommended for patients with neuropathic pain as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. The Official Disability Guidelines note antidepressants are recommended, although not generally as a stand-alone treatment. Within the provided documentation, the requesting physician did not include adequate documentation of significant improvement in the patient's depression with the use of the medication. Per the provided documentation, it was unclear if the medication was effective in reducing the patient's depression. Therefore, the request for Prospective Effexor 75 mg is not medically necessary and appropriate.

Prospective: Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Gabapentin Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22,49.

Decision rationale: MTUS Chronic Pain Guidelines note Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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 Guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The Guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation it did not appear the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia to demonstrate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of objective functional improvements with the medication or decreased pain from use of the medication in order to demonstrate the efficacy of the medication. Therefore, the request for Prospective Neurontin 600 mg is not medically necessary and appropriate.

Prospective: Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDS, GI Symptoms, and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Guidelines recommend the use of a proton pump inhibitor (PPI) for patients at intermediate or high risk for gastrointestinal events with no cardiovascular disease. Within the provided documentation, the requesting physician did not include adequate documentation that the patient was at risk for gastrointestinal events. It was unclear in the provided documentation if the patient had a history of peptic ulcer, GI bleeding, or perforation, which is among the MTUS Chronic Pain Guidelines' criteria for use of a PPI. Therefore, the request for Prospective Prilosec 20mg is not medically necessary and appropriate.