

Case Number:	CM13-0039384		
Date Assigned:	12/18/2013	Date of Injury:	11/01/1995
Decision Date:	02/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 11/1/95. A utilization review determination dated 10/15/13 recommends non-certification of gaba/keto/lido and trazodone. A progress report dated 10/3/13 identifies subjective complaints including low back pain with radiation to the legs. Patient states that she is having a tremendous flare-up of pain and is experiencing more anxiety and is having bouts of confusion. Pain is 8/10. No abnormal objective findings are noted. Diagnoses include sprain/strain of left shoulder; left rotator cuff tear; pain in left shoulder; pain in left upper arm; neuralgia/neuritis; sprain of neck; lumbar radiculopathy; chronic pain syndrome; chronic pain related insomnia; myofascial syndrome; neuropathic pain; prescription narcotic dependence; chronic pain related depression; and tension headaches. Treatment plan recommends urine drug screen, Kava Kava, increase Opana ER, Opana IR, increase Pristiq, discontinue medrox and Flector patch, start gaba/keto/lido, continue trazodone for insomnia and pain, continue Sintralayne, continue Flexeril, and continue Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Gaba/Keto/ Lido compound ointment #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for gaba/keto/lido, California Medical Treatment Utilization Schedule (MTUS) supports the short-term use of topical Nonsteroidal anti-inflammatory drugs (NSAIDs) in the management of osteoarthritis and tendinitis of joints amenable to treatment, but not for the spine or for neuropathic pain. Within the documentation available for review, there is no documentation of osteoarthritis and/or tendinitis of joints amenable to treatment. Additionally, topical ketoprofen is "not currently Food and Drug Administration (FDA) approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anhidrotic ectodermal dysplasia (AED) such as gabapentin or Lyrica)." Furthermore, it is supported only as a dermal patch. Gabapentin is not recommended for topical use as there is no peer-reviewed literature to support use. In light of the above issues, the currently requested gaba/keto/lido is not medically necessary.

One prescription of Trazodone 50mg #60: 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)

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

Decision rationale: Regarding the request for trazodone, California Medical Treatment Utilization Schedule (MTUS) does not address trazodone. Official Disability Guidelines (ODG) cites that sedating antidepressants such as trazodone have also been used to treat insomnia; however, there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. The patient has diagnoses of insomnia and depression, but no current symptoms of insomnia are described. As with any medication, the medical necessity of continued use depends in part on efficacy of the medication, and there is no documentation identifying improvement in the patient's insomnia and/or depression. In the absence of such documentation, the currently requested trazodone is not medically necessary.