MAXIMUS Federal Services

Case Number:	CM13-0041733		
Date Assigned:	12/20/2013	Date of Injury:	12/29/2005
Decision Date:	04/24/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Family 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 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/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 injured worker's date of injury was 12/29/2005. The patient's treating physician is treating her for chronic low back pain. Additional diagnoses include lumbar radiculopathy and lumbar facet arthropathy. In the physician's encounter note dated 08/05/'13 the patient was in moderate distress and showed tenderness on exam at the L4-S1 levels, plus myofascial tenderness on palpation. The treating physician is requesting approval for 4 medications: Motrin 800 mg #90, Trazodone 50 mg #30, Gabapentin 600 mg #60, and Vicodin 5/500 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF MOTRIN 800 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: This patient has chronic low back pain. Motrin (ibuprofen) is an NSAID (non-steroidal anti-inflammatory drug). The MTUS Chronic Pain Guidelines indicate NSAIDS are not medically indicated for the relief of chronic low back pain, only for short term relief of

back pain flair ups. Based on the medical records provided for review and the MTUS Chronic Pain Guidelines, the request for Motrin is not medically necessary and appropriate.

30 TABLETS OF TRAZODONE 50 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: This patient is receiving treatment for chronic low back pain. Trazodone is an anti-depressant medication. Anti-depressants are medically indicated to treat major depression. Tricyclic antidepressants have shown benefits in treating neuropathic pain. Trazodone is in a different class. Clinical studies have not shown Trazodone to be beneficial in the treatment of chronic low back pain. Based on the documentation presented, the request for Trazodone is not medically necessary and appropriate.

60 TABLETS GABAPENTIN 600 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18-19.

Decision rationale: This patient is being treated for chronic low back pain. Gabapentin is an anti-epileptic drug. It is effective in treating diabetic neuropathy and neuralgia from zoster (shingles). Other studies show benefits when used in treating spinal cord injury pain, fibromyalgia, and CRPS. Based on the documentation presented in this case, the medically necessity for Gabapentin has not been established. The request for Gabapentin is not medically necessary and appropriate.

120 TABLETS VICODIN 5/500 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

Decision rationale: This patient is being treated for chronic low back pain. Vicodin is a combination pill containing acetaminophen 500 mg, a short acting pain reliever and hydrocodone 5mg, a short acting opioid pain reliever. According to the MTUS Chronic Pain Guidelines, short acting opioids are not medically indicated for the long-term management of chronic low back pain. Many harms are associated with long-term use, including substance abuse (36% to 56%),

tolerance, addiction, and aberrant medication behavior. The request for Vicodin 5/500 is not medically necessary and appropriate.