

Case Number:	CM13-0052970		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2005
Decision Date:	03/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 61-year-old male with a July 26, 2005 date of injury. At the time of request for authorization for Desyrel, Gabapentin, Lortab, Omeprazole DR, Prozac, and urine drug screen, there is documentation of subjective (neck, left upper extremity, and bilateral shoulder pain; patient's pain level decreased with an average pain level of 7/10 with medications, compared to 9/10 without medications) and objective (decreased cervical spine range of motion secondary to pain, tenderness over the cervical spine at the C4 and C7 level, cervical myofascial tenderness and paraspinous muscle spasms on palpation) findings, current diagnoses (cervical radiculopathy, neck sprain, depression, and anxiety), and treatment to date (medications). There is documentation of a request for Prozac for depression associated with chronic pain; Omeprazole to limit adverse gastrointestinal effects related to chronic medication use, including NSAIDs; Gabapentin for management of the patient's chronic pain; and Desyrel for chronic insomnia and for its benefit for modulating pain and reducing overall opiate drug intake. In addition, there is documentation that a pain contract is on file for this patient. There is documentation that these medications have been prescribed since at least October 15, 2012. Regarding Lortab, there is no documentation of pain and functional improvement to compare to baseline and short-term treatment with opioids. Regarding Omeprazole, there is no documentation of GI disorders or patient utilizing chronic NSAID therapy. Regarding Prozac, there is documentation that it is prescribed for depression associated with chronic pain. Regarding the urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel 50mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Trazadone (Desyrel).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that long-term effectiveness of anti-depressants has not been established. The ODG identifies documentation of insomnia in patients with coexisting psychiatric symptoms such as depression or anxiety as criteria necessary to support the medical necessity of Desyrel. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, neck sprain, depression, and anxiety. Given the diagnoses of depression, and anxiety, as well as a rationale identifying the requested Desyrel for chronic insomnia, there is documentation of insomnia with coexisting psychiatric symptoms (depression or anxiety). Therefore, based on guidelines and a review of the evidence, the request for Desyrel 50mg, #30 is medically necessary.

Gabapentin 600mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain as criteria necessary to support the medical necessity of Gabapentin. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, neck sprain, depression, and anxiety. Given the diagnosis of cervical radiculopathy there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 600mg, #90 is medically necessary.

Lortab 7.5-500mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of Lortab. In addition, the California MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. The ODG identifies that the criteria for use of opioids include documentation of pain and functional improvement and compare to baseline (satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life; and Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument). Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, neck sprain, depression, and anxiety, and that there is a pain contract on file for this patient. However, despite documentation that the patient's pain level decreased with an average pain level of 7/10 with medications, compared to 9/10 without medications, and given documentation of multiple medications, there is no documentation of pain and functional improvement to compare to baseline for Lortab (not including other medications being prescribed). In addition, given documentation of taking Lortab since at least October 15, 2012, there is no documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Lortab 7.5-500mg, #120 is not medically necessary.

Omeprazole DR 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies that proton pump inhibitors are recommended for patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, neck sprain, depression, and anxiety. However, despite documentation of a rationale identifying a request for Omeprazole to limit adverse gastrointestinal effects related to chronic medication use, including NSAIDs, there is no documentation of GI disorders or patient utilizing chronic NSAID therapy. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR 20mg, #30 is not medically necessary.

Prozac 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107-108.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression as criteria necessary to support the medical necessity of SSRIs. In addition, the California MTUS Chronic Pain Medical Treatment Guidelines identifies that SSRIs are not recommended as a treatment for chronic pain. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, neck sprain, depression, and anxiety. In addition, there is documentation of that Prozac is prescribed for depression associated with chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Prozac 20mg, #30 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control, in the patient under on-going opioid treatment as criteria necessary to support the medical necessity of a Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, neck sprain, depression, and anxiety. However, despite documentation of on-going opioid treatment, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for a Urine Drug Screen is not medically necessary.