

Case Number:	CM13-0064309		
Date Assigned:	01/03/2014	Date of Injury:	12/19/2012
Decision Date:	05/08/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 38 year-old with a date of injury of 12/19/12. A progress report associated with the request for services, dated 10/25/13, identified subjective complaints of pain from the neck to low back, headaches, and insomnia. Also bilateral knee and ankle pain and right elbow, shoulder and hand pain. Objective findings included tenderness to palpation of the neck and low back. Motor and sensory function were normal. Diagnoses included chronic pain syndrome; right shoulder pain with AC arthropathy; and left knee strain. Treatment has included ongoing oral opioids. A Utilization Review determination was rendered on 11/27/13 recommending non-certification of "naproxen 500mg b.i.d. prn; norco 7.5/325 no more than b.i.d. prn; and trazodone 50mg 1 to 2 tablets at night prn".

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG B.I.D. PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACETAMINOPHEN; NSAIDS Page(s): 12; 67-73.

Decision rationale: Naproxen (Naprosyn) is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." NSAIDs are also recommended as an option for short-term symptomatic relief of back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. Concurrent use of SSRIs is not recommended as the combination is associated with a moderate risk of serious upper GI events compared to use of NSAIDs alone (Helin-Salmivaara 2007). The record indicates that the patient is also being prescribed a serotonergic agent. Therefore, the record does not document the medical necessity for an NSAID.

NORCO 7.5/325 NO MORE THAN B.I.D. PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 74-96. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, OPIOIDS FOR CHRONIC PAIN.

Decision rationale: Norco 7.5/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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 state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.

TRAZODONE 50MG 1 TO 2 TABLETS AT NIGHT PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: Trazodone (Desyrel) is a serotonin antagonist and reuptake inhibitor (SARI) class antidepressant. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that some antidepressants are: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain (Feurstein, 1977) (Perrot, 2006)." The tricyclic agents are generally considered first-line unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesics, sleep quality and duration as well as a psychological assessment. The optimal duration of therapy is not known. The Guidelines recommend that assessment of treatment efficacy begin at one week with a recommended trial of at least 4 weeks. It is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants occur. The long-term effectiveness of antidepressants has not been established. Antidepressants are listed as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. The Guidelines note that non-neuropathic pain is generally treated with analgesics and anti-inflammatories. Multiple controlled trials have found limited effectiveness with antidepressants in fibromyalgia, with the exception of duloxetine. The Guidelines state that in low back pain: "... tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. SSRIs have not shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition (Chou, 2007)." They further state that "SSRIs do not appear to be beneficial." No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. The Guidelines do note that in depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. The Guidelines state that tricyclic antidepressants specifically "... are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." Related to SSRIs, the Guidelines state: "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials (Finnerup, 2005) (Saarto-Cochrane, 2005). It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain (Namarka, 2004). More information is needed regarding the role of SSRIs and pain." There is limited support for the efficacy of the SSRI class of antidepressants, as well as lack of efficacy in neck and low back pain and radiculopathy. Likewise, there is no evidence of functional improvement