

Case Number:	CM13-0069454		
Date Assigned:	01/03/2014	Date of Injury:	08/18/1998
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The patient is a 55-year-old male who reported injury on 08/18/1998. The mechanism of injury was noted to be a motorcycle accident. Patient's medication history was noted to include AndroGel, Trazodone, Valium, Lexapro, Tizanidine and Norco as of early 2012. The examination of 11/25/2013 revealed the patient had persistent pain in his neck and back. Objectively the patient was noted to have signs of anxiety and he had an increased somatic response. The patient had cervical and lumbar spine tenderness to palpation with decreased range of motion secondary to pain. Patient was noted to undergo a urine drug screen. The patient's diagnoses were noted to include cervical spondylosis, lumbar discogenic pain with bilateral radicular symptoms, narcotic tolerance state, gastritis, sleep disturbance, and reactionary depression. The treatment plan included the medications of Lexapro, Valium, Ultram, AndroGel and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective increase in the functional improvement. There was a lack of documentation of the above criterion. The patient was noted to be taking the medication since 2012. There was a lack of documentation indicating a necessity for 2 antidepressants. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Lexapro 10 mg is not medically necessary.

Valium 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications: Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the patient has been on the medication since 2012. The request as submitted failed to indicate the quantity of medication being requested. There was a lack of documentation of objective functional improvement with the medication. Given the above, the request for Valium 10 mg is not medically necessary.

Ultram 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score and evidence the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient has been taking the medication since 2012. There was documentation indicating the patient was being monitored for aberrant drug behavior. However, there was a lack of documentation indicating an objective improvement in function, objective decrease in the VAS score and evidence the patient is being monitored for side effects. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Ultram 50 mg is not medically necessary.

AndroGel 1.62%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: California MTUS Guidelines recommend testosterone replacement for hypogonadism for patients taking high dose long term opioids with documented low testosterone levels. Clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation of a recent testosterone level test to support the patient had low testosterone. The request as submitted failed to indicate the quantity of AndroGel being requested. Given the above, the request for AndroGel 1.62% is not medically necessary.

Trazodone 100 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, Mental Illness & Stress

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

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective increase in the functional improvement. There was a lack of documentation of the above criterion. The patient was noted to be taking the medication since 2012. There was a lack of documentation indicating a necessity for 2 antidepressants. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for trazodone 100 mg is not medically necessary.