

Case Number:	CM13-0071637		
Date Assigned:	01/17/2014	Date of Injury:	05/27/2004
Decision Date:	08/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational 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:

The patient is a 49-year-old who was injured on May 27, 2004 when she fell landing on her left and right knees. Prior medication history as of November 21, 2013 included Gralise, Norco 10/325, Trazodone 50 mg, Biofreeze with Dex Gel, Nexium Dr 20 mg, cyclobenzaprine 7.5 mg, albuterol 0.083%, aspirin 81 mg, Centrum Multivitamin, and Diltiazem. The patient has been treated with a TENS (transcutaneous electrical nerve stimulation) unit which gave her about 40-50% pain relief. Diagnostic studies reviewed include EMG (electromyography)/NCV (nerve conduction velocity) dated October 23, 2013 revealed evidence for left L4-L5 radiculopathy and probable L5-S1 radiculopathy. There is no evidence of peripheral neuropathy. Progress report dated November 21, 2013 indicated the patient presented with complaints of low back pain and rated it as 8/10 at its best and 10/10 at its worst. The pain interferes with her activities of daily living. She has sleep disturbance, an inability to concentrate, and mood issues. Objective findings on exam revealed the lumbar spine range of motion exhibited forward flexion to 10 degrees, bilateral lateral bending to 0 degrees; and bilateral rotation to 0 degrees. She does have pain with range of motion. Sensation is decreased throughout the left lower extremity. Diagnoses are lumbar spine neuritis or radiculitis; postlaminectomy syndrome, abnormality of gait, and chronic pain syndrome. Norco 10/325 mg #120, Nexium 20 mg #30, Trazadone 50 mg #30, and cyclobenzaprine 7.5 mg were requested. It was also recommended the patient begin aqua therapy twice a week for 6 weeks. Prior utilization review dated December 10, 2013 states the request for Norco 10/325 mg is not certified as guidelines do not support the use long-term use of opioids unless there is documented functional improvement and decrease in pain and there was no evidence presented noting such improvements; trazodone 50 mg is certified with modification to trazodone 50 mg #30 tablets, Nexium 20 mg is denied as there were no complaints or increased risk gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Norco, an opioid, may be indicated for moderate to severe pain. Long-term use may be recommended if clinically significant functional improvement is established. Efficacy of opioids for the treatment of chronic neuropathic or low back pain is not established. In this case, the patient has chronic neuropathic and low back pain. The provider documents pain reduction and improvement in ADL's (activities of daily living) with use of Norco. However, records do not demonstrate clinically significant functional improvement or reduction in dependency on medical care. The patient is said to be gradually worsening; she continues to complain of severe pain; her functioning over the course of her treatment does not appear to have improved. The request for Norco 10/325 mg is not medically necessary or appropriate.

Nexium 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms and Cardiovascular Risk.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Nexium, a PPI (proton pump inhibitor), may be recommended for patient's taking NSAIDs with gastrointestinal side effects or at moderate to high risk of gastrointestinal side effects. In this case the patient is diagnosed with GERD (gastroesophageal reflux disease) and has a history of stomach ulcers. However, the patient is not reported to be taking an NSAID. Further, clinic notes near the time of request do not discuss GI symptoms or response to the medication. The request for Nexium 20 mg is not medically necessary or appropriate.

Trazodone 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines antidepressants are recommended as a first-line option for neuropathic pain and possibly for non-neuropathic pain. Efficacy for radiculopathy is not established. Trazodone is not specifically recommended for chronic pain treatment. According to the ODG, Trazodone may be recommended for insomnia in patients with mild psychiatric illness such as depression or anxiety though there is little evidence to support its use. It is not typically used for major depression but has been used successfully in the treatment of fibromyalgia. In this case, the patient is diagnosed with insomnia and reportedly takes Trazodone to help with sleep. However, there is little discussion of the patient's insomnia near the time of request. There is no discussion of the patient's response to Trazodone. The request for Trazodone 50 mg is not medically necessary or appropriate.