

Case Number:	CM14-0004160		
Date Assigned:	02/05/2014	Date of Injury:	10/31/2007
Decision Date:	08/07/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 injured worker is a 45-year-old female whose date of injury is reported as October 31, 2007. The mechanism of injury is undisclosed in the records reviewed. Current diagnoses are lumbar disc disease with radicular symptoms, left shoulder adhesive capsulitis, cervical, hip and pelvic sprain/strain, headaches with likely cause as cervicogenic. Modified work duty report dated February 15, 2013 recommends the injured worker continue with a home exercise program. At that time, the injured worker reported left shoulder pain with range of motion. Left shoulder abduction limited to 100 degrees with diffuse tenderness over left trap and parascapular region. Lumbar pain creates difficulty with ambulation. Straight leg raise was negative. An office visit report dated February 15, 2013 rates pain at 7/10 with medication. The injured worker was treated with Gabapentin, Lorazepam, Wellbutrin, Menthoderm, Trazodone, Sumatriptan, and a lumbar back brace. The prior utilization review determination dated December 23, 2013 denied these medications and modalities on a conditional basis, as additional documentation was needed in order to make an informed determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: 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 AEDS Page(s): 16-18.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended and is considered first line therapy for neuropathic pain (pain due to nerve damage). There is no clear documentation and description of neuropathic pain. There is mention of radicular symptoms, which would apply to tingling, numbness as well as pain. Furthermore, there is no documentation of any significant improvement in pain or functional level. There is no imaging or Electrodiagnostic evidence of radiculopathy. Therefore, the medical necessity of Gabapentin has not been established under the guidelines and based on the available information.

Lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, no evidence supports effectiveness of lumbar supports in preventing back pain in the workplace and lumbar supports have not shown to have a lasting benefit beyond the symptom relief in the acute phase. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Furthermore, lumbar brace for long-term use should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature per guidelines. Based on ACOEM and the clinical documentation stated above, the request for purchase of a low back brace is not medically necessary.

Norco 10/325mg, #90: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 74-78/127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone is classified as short-acting opioid and is indicated for moderate to severe pain, which are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical

records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen or return to work. In addition, there is no mention of any significant improvement in pain or function with prior use. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. Therefore, the medical necessity for hydrocodone has not been established.

Lorazepam #30: 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 BENZODIAZEPINES Page(s): 24/127.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Ativan (Lorazepam) as a Benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. Additionally, there is no documentation of any significant improvement in function with prior use of Lorazepam. The medical records do not reveal a clinical rationale that establishes the medical necessity of Lorazepam at this time.

Wellbutrin 180gm, #60: 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 SNRIS Page(s): 16/127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has also been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. However, ongoing efficacy with Wellbutrin has not been demonstrated. There is no documentation of depressive disorder in this injured worker. There is no clear diagnosis of neuropathic pain. Additionally, there is no documentation of any significant improvement in function with prior use. Therefore, the medical necessity of the request for Wellbutrin has not been established.

Menthoderm gel 120gm: 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 TOPICAL ANALGESICS Page(s): 111-113/127.

Decision rationale: Methoderm is a topical compound, which contains the active ingredient Methyl Salicylate 15% and Menthol 10%. The current evidence based guidelines do not directly address the safety or efficacy of Menthol for topical use. In this case, the injured worker has previously tried Terocin (containing Methyl Salicylate and Menthol) without documentation of any improvement in pain. Hence, the medical necessity of the request for Methoderm has not been established.

Trazodone 60mg, #30: 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 Page(s): 13/127.

Decision rationale: Chronic Pain Medical Treatment Guidelines, Trazadone is an anti-depressant, which is also used as an option to treat neuropathic pain, as well as chronic headache associated with depression. Per guidelines, functional measures are used to assess efficacy. In this case, there is no evidence of diagnosis of depression, neuropathic pain, or chronic headache associated with depression. Furthermore, there is no evidence of any significant improvement with prior use. Therefore, the medical necessity of the request for Trazadone cannot be established per guidelines and the submitted records.

Sumatriptan succinate 100mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): HEAD, TRIPTANS.

Decision rationale: According to the Official Disability Guidelines (ODG), Triptans are recommended for migraine sufferers. The medical records do not document that the patient is diagnosed with Migraine headache. Furthermore, the headache is noted to be likely cervicogenic. Additionally, there is no documentation of any significant improvement in function with prior use. Therefore, the medical necessity of the request for Sumatriptan cannot be established per the guidelines criteria and available clinical information.