

Case Number:	CM14-0005740		
Date Assigned:	02/07/2014	Date of Injury:	02/06/2002
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 63-year-old male who reported an injury on February 6, 2002. The mechanism of injury was not provided in the documentation. Per the clinical note dated December 9, 2013, the injured worker ran out of his medication but was not having any adverse effects due to that. The injured worker had a history of depression. Pain was rated at 9/10. Blood pressure was noted to be 110/72. Per the note dated 02/20/2013, the injured worker reported pain in the neck, bilateral shoulders, right elbow, bilateral hands and wrists, lower back, and bilateral knees. The injured worker also reported headaches along the right occipital region behind the right eye. The request for authorization for medical treatment was dated December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: Per the California MTUS Guidelines long-acting opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. 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 drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, continuing pain or resolution of pain. Opioids can be continued if the patient has returned to work or if the patient has improved functioning and pain. There was a lack of documentation regarding the efficacy of this medication as well as objective clinical findings to indicate an improvement in physical function. In addition, there is a lack of documentation regarding a return to work or improved function. The request is not medically necessary.

TRAZODONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Trazadone.

Decision rationale: Per Official Disability Guidelines trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety; however, evidence for the off-label use of trazadone for treatment of insomnia is weak. There is no clear-cut evidence to recommend trazadone as a first line medication to treat primary insomnia. Trazadone is also used successfully to treat fibromyalgia. The guidelines do not recommend trazadone for pain relief. There is a lack of documentation regarding the efficacy of this medication. There is also a lack of documentation regarding other medications that have been utilized in the past as the guidelines state trazadone is not recommended as a first line treatment. In addition, there is a lack of documentation regarding a diagnosis of fibromyalgia in the injured worker. The request is not medically necessary.

LOSARTAN: 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 Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, www.nlm.nih.gov/medlineplus

Decision rationale: Losartan is used alone or in combination with other medications to treat high blood pressure. It is also used to decrease the risk of stroke in people who have high blood pressure and a heart condition called left ventricular hypertrophy. This medication is also used to treat kidney disease and people with type 2 diabetes and high blood pressure. There was a lack of documentation regarding the indicated use for this medication and also there was a lack of documentation regarding the dosage and the quantity per day of this medication. The request is not medically necessary.

VERAPAMIL: 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) Diabetes, Hypertension treatment.

Decision rationale: Per the Official Disability Guidelines verapamil is a class of medications called calcium channel blockers. They are a first line second edition for use. The guidelines recommend that physicians treat patients over the age of 60 whose blood pressure is at 150/90 or greater. The documentation states that the injured worker's blood pressure was 110/72 so it was nowhere near the 150/90. There is a lack of documentation regarding other blood pressures and whether or not this medication is an addition to the medication he is already taking for his blood pressure because there was not a dosage documented on this medication or a schedule for taking this medication. The request is not medically necessary.

CYMBALTA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-depressants Page(s): 15.

Decision rationale: Cymbalta, per the California MTUS Guideline, is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off label for neuropathic pain and radiculopathy. It is recommend as a first line option for diabetic neuropathy. There is a lack of documentation regarding the patient's use of this medication. There is a lack of documentation regarding the efficacy of this medication for the injured worker. And there is a lack of documentation regarding the dosage and quantity of this medication. The request is not medically necessary.