

Case Number:	CM14-0102200		
Date Assigned:	08/08/2014	Date of Injury:	12/14/2002
Decision Date:	10/07/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 14, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; psychotropic medications; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 9, 2014, the claims administrator approved a request for Gabapentin, denied a request for Protonix, denied a request for Ondansetron, approved a request for Remeron, approved a request for Effexor, approved a request for Toradol, and approved a request for Tramadol. The claims administrator did seemingly suggest that some of the approvals represented modified approvals or conditional approvals. In a progress note dated April 24, 2014, the applicant reported persistent complaints of pain, 5/10 with medication versus 10/10 without medications. The applicant acknowledged that certain activities of daily living, such as walking and exercise were problematic. The applicant was given Remeron, apparently for insomnia and depression. The applicant was given Protonix for medication-induced abdominal pain and nausea. Effexor was given for depression and industrial neuropathic pain. Tramadol was given for industrial pain complaints. Zofran was given for nausea associated with medications. Neurontin was employed for neuropathic pain. The applicant was asked to employ Celebrex to help her reduce her usage of Tramadol. Toradol injection was given in the clinic setting. The applicant had to follow up with psychiatry and return in one month. The applicant's work status was not stated. The applicant did report issues of insomnia and anxiety in the review of systems section of the note and also reported issues with irritable bowel in the gastrointestinal section of the note. In an earlier note dated April 1, 2014, the applicant again stated that her pain levels were 8/10, constant, exacerbated by activities such as walking and exercise. The applicant stated that lying down diminished her pain

complaints. Multiple medications were renewed. Remeron was apparently introduced for sleep and insomnia. Protonix was furnished for abdominal pain and nausea, it was stated. Venlafaxine was increased to thrice daily for depression and neuropathic pain. Tramadol was endorsed for industrial pain complaints. The applicant was asked to employ Neurontin for neuropathic pain and Zofran for medication-induced nausea. The applicant was given Toradol injection in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted on page 402 of the ACOEM Practice Guidelines, antidepressants such as Remeron "may be helpful" to alleviate symptoms of depression, as are present here. In this case, it appeared that the attending provider was in the process of adjusting the applicant's psychotropic medication profile on or around the dates in question. While it was not immediately apparent that Remeron had proven beneficial here, ACOEM Chapter 15, page 402 does acknowledge that it takes "weeks" for antidepressant medications to exert their maximal effect. Continuing Remeron then, on balance, is indicated. Accordingly, the request is medically necessary.

Pantoprazole (Protonix) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPis) NSAIDs, GI symptoms & cardiovascular. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Proton pump inhibitors (PPis) NSAIDs, GI symptoms & cardiovascular risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, it was not readily apparent or evident that the applicant was in fact suffering from issues associated with dyspepsia, reflux, and/or heartburn. The applicant was reportedly suffering from issues associated with irritable bowel syndrome resulting in constipation, it was suggested. Pantoprazole was not indicated in the management of the same. Therefore, the request is not medically necessary.

Venlafaxine ER 37.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines ODG; regarding anxiety medications (in chronic pain treatment)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted on page 402 of the ACOEM Practice Guidelines, antidepressants such as Effexor may be helpful to alleviate symptoms of depression and, furthermore, can take "weeks" to exert the maximal effect; in this case, the attending provider indicated that he was adjusting the applicant's dosages of Venlafaxine and Remeron on or around the date in question. While it was not immediately apparent that this new dosage has proven effective, ACOEM does, as noted, previously acknowledge that psychotropic medications often take "weeks" to exert their maximal effect. Continuing Venlafaxine at the proposed dose, does, appear to be a more appropriate option than discontinuing the same. Therefore, the request is medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieve as a result of the same. In this case, the applicant does not appear to be working. On a progress note of April 1, 2014, the applicant's pain complaints were described as 8/10. While a later progress note of April 24, 2014 suggested that the applicant's pain was diminished with medication consumption, the attending provider failed to outline any tangible or material improvements in function achieved as a result of ongoing Tramadol usage. If anything, the attending provider posited that even basic activities of daily living, such as walking, were difficult to perform, despite ongoing usage of Tramadol. Continuing the same, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Anti-emetics for opioid nausea

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA-labeled purposes has a responsibility to be well-informed regarding usage of the same and should, furthermore, furnish some evidence for such usage. The FDA notes, however, that Ondansetron is indicated for nausea or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, the attending provider indicated that Ondansetron was being employed to combat medication-induced nausea and vomiting. This was not an FDA-approved role for Ondansetron. No rationale or medical evidence for continued usage of Ondansetron in this capacity was proffered by the attending provider. Therefore, the request is not medically necessary.

Gabapentin 600mg, 1 tab TID #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked "at each visit" as to whether there has been some improvement in pain and/or function achieved as a result of the same. In this case, the applicant was given refills of Gabapentin on office visits of April 1, 2014, April 24, 2014, and May 22, 2014. The attending provider failed to outline any tangible or material improvements in function achieved as a result of ongoing Gabapentin usage. The applicant's continued dependence on numerous other analgesic and adjuvant medications, coupled with the fact that the applicant seemingly failed to return to work, taken together, however, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request is not medically necessary.

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that COX-2 inhibitors such as Celebrex may be considered if an applicant has a risk of GI complications, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes the COX-2 inhibitors are not indicated for the majority of applicants. In this case, there is no clearly stated history of gastrointestinal complications or gastrointestinal risk factors such as a history of GI bleeding, peptic ulcer disease, reflux, heartburn, etc., which will prevent provision of

nonselective NSAIDs. The attending provider failed to make a compelling case for selection and/or ongoing usage of Celebrex, given the absence of such clearly stated risk factors. Therefore, the request is not medically necessary.

Toradol 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation ODG (Pain Chapter) see NSAIDs (non-steroidal anti-inflammatory drugs);GI symptoms & cardiovascular risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol Page(s): 72.

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines states that oral Ketorolac or Toradol is not indicated in the treatment of minor or chronic painful conditions. In this case, it appeared that the attending provider was, in fact, intent on employing Toradol for minor or chronic pain purposes. The applicant was given Toradol injections on office visits of April 1, 2014, April 24, 2014, and May 22, 2014. There were no clearly stated or clearly evident acute flares of pain on or around those dates. Therefore, the request was not medically necessary.