

Case Number:	CM14-0103633		
Date Assigned:	07/30/2014	Date of Injury:	08/07/2011
Decision Date:	10/27/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 shoulder pain, neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of August 7, 2011. Thus far, the applicant has been treated with analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; psychotropic medications; earlier left shoulder surgery; and adjuvant medications. In a Utilization Review Report dated June 19, 2014, the claims administrator denied a request for Motrin, gabapentin, and Trazodone while approving a request for Butrans. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 15, 2014, the applicant apparently presented with 8-1/2 over 10 multifocal neck and shoulder pain. The applicant's work status was not clearly stated. Unspecified medications were reportedly refilled. In a January 18, 2014 progress note, it was suggested that the applicant was not working. Multifocal neck and shoulder complaints were reported, 8/10. The applicant was using Percodan and Tizanidine. The applicant remained quite anxious. Physical therapy and a home pulley system were apparently endorsed, along with additional formal physical therapy. On April 2, 2014, the applicant acknowledged that she was not working and was in fact off of work, on total temporary disability. The applicant reported ongoing complaints of headaches, neck pain, upper back pain, and lower back pain, all of which attributed to the industrial injury. The applicant was using a TENS unit. The applicant stated that she was having difficulty performing lifting, walking, bending, and caring functions; it was stated in one section of the report. In another section of the report, it was stated that the applicant was exercising on a regular basis through walking 45 minutes a day, seven days a week. The applicant was using Celebrex, Neurontin, metformin, and Norflex, it was stated. Celebrex, Tizanidine, Neurontin, and Butrans were prescribed. Norco was also apparently endorsed. Permanent work restrictions were renewed. It

did not appear that the applicant was working with said limitations in place. In a June 12, 2014 progress note, the applicant reported persistent complaints of pain, 9/10 without medications versus 4/10 with medications. The applicant was apparently in the process of pursuing a functional restoration program. The applicant was using Norco for pain relief. The applicant apparently stated that she wanted to try Ibuprofen. The applicant's BMI was 30. Motrin was endorsed in lieu of Celebrex. The applicant was asked to continue Butrans, Norco, and Neurontin. The applicant was asked to continue Trazodone for sleep. It was stated that the applicant's sleep had reportedly been ameliorated through ongoing usage of Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg # 45: Overturned

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

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 have been improvements in pain and/or function with the same. In this case, the attending provider has posited the applicant's ability to perform home exercises has reportedly been ameliorated through ongoing usage of Gabapentin. While the applicant has seemingly failed to return to work, the attending provider has stated that the applicant's ability to move about on a day to day basis, perform activities of daily living, and perform home exercises have all reportedly been ameliorated as a result of ongoing gabapentin usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Ibuprofen 600 mg # 60: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. The request in question, moreover, represents a first-time request for Ibuprofen. Introduction of the same is indicated, given the applicant's chronic multifocal pain complaints. Therefore, the request is medically necessary.

Trazodone 50 mg # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, antidepressants such as Trazodone are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case, the attending provider has posited that the applicant has ongoing issues with sleep disturbance, making Trazodone a particularly appropriate choice. The attending provider, furthermore, has stated that the applicant's sleep disturbance issues and chronic pain issues have been ameliorated, to varying degrees, by ongoing usage of various analgesic and adjuvant medications, including Trazodone. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.