

Case Number:	CM14-0032769		
Date Assigned:	06/20/2014	Date of Injury:	10/18/2000
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 Internal Medicine and is licensed to practice in Arizona. 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:

injured worker is a 57year old man with a work-related injury dated 10/18/2000 resulting in chronic pain. The injured worker has diagnosis including chroic pain, displacement of cervical intervertebral disc without myelopathy and lumbar poly- laminectomy syndrome. The medical records include multiple visits by the treating pain specialist with dates including 3/25/13, 5/22/13, 9/5/13, 2/5/14 and 4/7/14. Most of these visits were listed as medical assistant visits without an encounter or physical exam documented by the provider. On 4/7/14 the documentation supports that he is receiving relief of pain from his medications, a "medication safety agreement" is current, a recent UDS was appropriate, and a CURES report is appropriate as of 4/7/14. There is no documented physical exam and there isn't a functional assessment documented. Under consideration is the continued use of percocet 10/325mg, amitriptyline 25mg, celebrex 100mg, nexium 20mg, and trazodone 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 76-94.

Decision rationale: Percocet 10/325mg is a combination medication including Oxycodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case there is no physical exam documented. There is no documentation that supports the patient has increased function with the use of medication or that he has been able to return to work. The continued use of Percocet 10/325mg is not medically necessary.

Amitriptyline 25 mg: 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 9792.20-.26 Page(s): 14-16.

Decision rationale: Amitriptyline belongs to a class of medications called tricyclic antidepressants. According to the California MTUS tricyclic antidepressants are recommended over SSRIs, unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants are considered a first-line treatment for neuropathic pain but have negative results for spinal cord pain and phantom-limb pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances. For patients over 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case there is not a detailed history or physical exam to document the intended use of Amitriptyline. Furthermore there is no initial ECG in this patient that is over 40 years old. The continued use of Amitriptyline is not medically necessary.

Celebrex 100 mg: 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 9792.20-.26 Page(s): 67-68.

Decision rationale: All NSAIDs have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDs may compromise renal function. According to the MTUS

NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. Celebrex belongs to this class of drug. In this case the patient has been taking this medication for the last year at least. The continued use of Celebrex is not medically necessary due to potential risks associated with use.

Nexium 20 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age above 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, nexium is not medically necessary.

Trazodone 50 mg: Upheld

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

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: Uptodate.com Trazadone-drug information.

Decision rationale: Trazodone is being prescribed at a dose of 50mg daily. At this dose Trazodone is considered a sedative hypnotic and used for an off-label use of insomnia. There is no documentation that the patient is having insomnia or other sleep-related complaints. The continued use of Trazodone at 50 mg daily is not medically necessary.