

Case Number:	CM14-0054359		
Date Assigned:	07/07/2014	Date of Injury:	12/19/1995
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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 patient is a 62-year-old female who has submitted a claim for Post-laminectomy Cervical Region Syndrome, Degeneration of Cervical Intervertebral Disc, Cervical Spondylosis without Myelopathy, Myalgia and Myositis Unspecified, Carpal Tunnel Syndrome, and Brachial Neuritis or Radiculitis associated with an industrial injury date of December 19, 1995. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of headache and neck, mid back, and low back pain, rated 7-10/10. On physical examination, there was loss of lordosis of the cervical spine. Range of motion of the cervical spine was decreased. There were tender, active trigger points in the trapezius muscles, left than right. Muscle atrophy was noted from C1-C6 at the midline. Thoracic spine examination revealed tenderness. Lumbar spine examination revealed mild loss of lordosis. Range of motion was decreased. There were tender trigger points in the lower lumbar areas. There was tenderness over the lower facet joints. No motor deficits of the upper extremities were noted but there was decreased sensation and vibratory sense on the entire left upper extremity. Mental status examination revealed euthymic mood and affect. The patient was alert and oriented. Judgment and insight were intact. Treatment to date has included three cervical spine surgeries with fusion from C3-T2, epidural steroid injections, trigger point injections, physical therapy, chiropractic care, TENS unit, H-wave, and medications including ASA, Nexium 40 mg (since at least July 2013), Trazodone 50 mg 1-2 tablets nightly (since at least August 2011), Methadone 10 mg 2 tablets three times a day (since at least August 2011), and Lyrica 75 mg 1 capsule three times a day (since at least July 2013). Utilization review from March 25, 2014 denied the request for 1 prescription of Nexium DR 40 mg #30 with 2 refills because long-term use of Nexium is not recommended and there were no indications in the patient's medical records regarding a trial of Omeprazole or Lansoprazole before Nexium therapy was initiated. The same utilization review modified the

request for 1 prescription of Trazodone 50 mg #60 with 3 refills to 1 prescription of Trazodone 50 mg #60 with 0 refills because the conditions for which the patient was taking Trazodone should have been monitored more closely; 1 prescription of Methadone 10 mg #180 with 4 refills to 1 prescription of Methadone 10 mg #120 with 0 refills for weaning purposes because there was no mention in the latest reports that her recent escalation in breathing difficulties was taken into consideration when refilling her Methadone prescription; and 1 prescription of Lyrica 75 mg #90 with 3 refills to 1 prescription of Lyrica 75 mg #45 for weaning purposes because there is lack of improvement despite the ongoing use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nexium DR 40mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, Nexium was being prescribed since at least July 2013 (13 months to date). The records also showed that the patient was concurrently using ASA 325 mg daily. This places the patient at intermediate risk for gastrointestinal events. Therefore, the request for Nexium DR 40mg #30 with 2 refills is medically necessary.

1 prescription of Trazodone 50mg #60 with 3 refills: Upheld

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

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 & Stress, Trazodone (Desyrel).

Decision rationale: CA MTUS does not specifically address Trazodone (Desyrel). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, Trazodone was being prescribed since at least August 2011 (3 years to date). However, there was no documentation of continued functional benefit or improvement in sleep difficulties.

Furthermore, the recent records did not show subjective complaints of insomnia or sleep difficulties, as well as psychiatric symptoms. There is no clear indication for continued use of Trazodone. Therefore, the request for 1 prescription of Trazodone 50mg #60 with 3 refills is not medically necessary.

1 prescription of Methadone 10mg #180 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: According to pages 61-62 of the CA MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. In addition, guidelines state that methadone can accumulate in potentially harmful doses and multiple potential drug-drug interactions can occur. In this case, Methadone was being prescribed since at least August 2011 (3 years to date). However, there was no documentation of continued functional benefits with the use of this medication. Furthermore, there was no discussion regarding trial or failure of recommended first-line medications for moderate to severe pain. There was also no discussion regarding benefits of Methadone outweighing its risks. There is no clear indication for continued use of Methadone. Therefore, the request for 1 prescription of Methadone 10mg #180 with 4 refills is not medically necessary.

1 prescription of Lyrica 75mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, No Generic Available) Page(s): 19-20.

Decision rationale: According to pages 19-20 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, Lyrica was being prescribed since at least July 2013 (13 months to date). However, there was no documentation of continued functional benefits with the use of Lyrica. Therefore, the request for 1 prescription of Lyrica 75mg #90 with 3 refills is not medically necessary.