MAXIMUS Federal Services

Case Number:	CM14-0055446		
Date Assigned:	07/07/2014	Date of Injury:	10/15/1999
Decision Date:	08/27/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/24/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 68-year-old female with a 10/15/99 date of injury. The mechanism of injury was not noted. According to a 5/22/14 progress note, the patient stated that her pain in the low back and right wrist continue to worsen. She has been working almost 40 hrs/wk doing restaurant work as well as keeping up with her chores at her rural home. She stated that she gets only 50% pain relief with her present Norco dosage, less so with a trial of Percocet. Gabapentin gives her a 40-50% improvement in pain symptoms. Trazodone allows her to sleep through the night. Objective findings: antalgic gait, milde to moderate tenderness over the low back, mild to moderate pain with movement, right wrist with limited ROM and mild diffuse swelling and tenderness. Diagnostic impression: chronic back pain. Treatment to date: medication management, activity modification. A UR decision dated 7/7/14 modified the request for gabapentin 300 mg from 90 tablets to 68 tablets for weaning purposes and denied the requests for trazodone and Percocet. Regarding gabapentin, guidelines indicate that anti-epileptic drugs are only a first line defense for neuropathic pain if symptoms are reduced by 30%. According to submitted documents, the patient has passed the trial phase of the medication and has not obtained at least a 30% reduction in symptoms. Therefore, guidelines recommend a switch to another first-line drug or weaning off of gabapentin. Regarding trazodone, guidelines recommend trazodone as an option for insomnia, only with potentially coexisting mile psychiatric symptoms such as depression or anxiety. The patient does not have a current diagnosis of depression or anxiety. Furthermore, a prior UR had suggested weaning and should have been completed at this time. Regarding Percocet, the provided documentation states the medication has been discontinued and does not demonstrate a significant improvement in function, pain, or quality of life that can be attributed to use of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. 8/28/12 progress note, it is documented that she has been taking gabapentin for radiculitis for years and helps dramatically with her leg pain. She is able to get up and move about and take care of herself and if she is unable to take her medication, she is unable to move as well, not able to sleep as well, and not able to take care of her daily activities. It is also documented in a 5/22/14 progress note that gabapentin gives her a 40-50% improvement in pain symptoms. Therefore, the request for Gabapentin 300 mg #90 is medically necessary.

Trazadone 100 mg # 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, Trazadone/insomnia.

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 Chapter-Trazodone.

Decision rationale: CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. According to a 5/22/14 progress note, it is documented that trazodone allows the patient to sleep through the night. However, there is no documentation that the patient suffers from depression or anxiety. In addition, there is no discussion provided of other alternatives, such as proper sleep hygiene, for the patient's sleep disorder. Therefore, the request for Trazodone 100 mg #30 was not medically necessary.

Percocet 5/325 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, according to a 5/22/14 progress note, the patient stated that Percocet does not provide as much pain relief as Norco did. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Percocet 5/325 MG # 180 is not medically necessary.