

Case Number:	CM14-0062422		
Date Assigned:	07/11/2014	Date of Injury:	02/20/2008
Decision Date:	09/09/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This 48 year old patient had a date of injury on 2/20/2008. However, the mechanism of injury was not noted. A progress report dated 4/9/2014, noted the patient complained of low back pain, so bad that she was in tears. She has persistent low back pain, muscle spasms, stiffness, and tightness. Objectively, she has tenderness along lumbar paraspinal muscles bilaterally, lumbar flexion is less than 30 degrees and extension is less than 20 degrees. Diagnostic impression shows discogenic lumbar condition, depression. Treatment to date includes: medication therapy, and behavioral modification. A Utilization Review decision dated 4/29/2014 denied the request for Trazadone 50mg #60, stating that the patient continues to be depressed and has no evidence of neuropathic pain. Tramadol ER 150 #30 was also denied, stating no long term benefits from prior use of opioids. It was unclear if she failed the trial of non-opioid analgesia. Topamax 50mg #60 was denied as well, stating no long term benefit to date and there was no evidence that she had any neuropathic pain. In addition, Naproxen 550mg #60 was also denied, stating there was no long term benefit with continued symptom. Finally, Paxil 20mg #60 was denied, stating that there was no indication her depression has improved or resolved with use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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.

Decision rationale: 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. In the progress report dated 4/9/2014, it was unclear how long the patient had been on Trazodone, and no discussion was found regarding its effectiveness in treating the patient's insomnia or depression. Therefore, the request for Trazodone 50mg #60 is considered not medically necessary.

Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

Decision rationale: CA MTUS states that, "Tramadol (Ultram) is not recommended as a first-line oral analgesic." This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In the reports viewed, it was unclear if the patient had failed a 1st line analgesic regimen such as ibuprofen or Naproxen. Furthermore, there was no evidence of CURES monitoring, urine drug screens, or pain contract. Lastly, there was no objective measures of analgesia discussed such as Visual Analogue Scales (VAS) scores. Therefore, the request for tramadol ER 150mg #30 was not medically necessary.

Topamax 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that, "Topiramate is considered for use for neuropathic pain when other anticonvulsants fail." In a progress report dated 4/9/0214, there was no findings of neuropathic pain. Furthermore it was unclear how long the patient had been

on Topamax, and no discussion regarding objective functional goals and physical progress were found. Therefore, the request for Topamax 50mg #60 is not medically necessary.

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that, "NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension." In addition, ODG states that, "there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain." In a progress report dated 4/9/2014, there was no evidence of functional improvement noted with this analgesic regimen. Furthermore, it was unclear how long the patient had been on this NSAID. Therefore, the request for Naproxen 550mg #60 was not medically necessary.

Paxil 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Paxil (paroxetine) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Paroxetine affects chemicals in the brain that may become unbalanced. Paxil is used to treat depression, obsessive-compulsive disorder, anxiety disorders, post-traumatic stress disorder (PTSD), and premenstrual dysphoric disorder (PMDD). In the reports viewed, it was unclear how long the patient had been on Paxil, and the patient continues to be depressed. No discussion of functional improvement regarding this antidepressant was found in the records reviewed. Therefore, the request for Paxil 20mg #60 is not medically necessary.