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| Case Number: | CM14-0089142 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 01/27/2006 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 Family Practice 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 injured worker is a 58 yr. old female claimant sustained a work injury on 1/27/06 involving the neck and right arm. She was diagnosed with chronic pain syndrome, carpal tunnel syndrome, cervical radiculopathy and depression stemming from the injury and pain. A progress note on 12/19/13 indicated she had received therapy and H-wave. Norco and Baclofen had been used for pain control. Prilosec was used to prevent GI upset from medications. She had been on Trazadone for over a year to help with sleep. Her pain was 10/10 without medication and 7/10 with medication. A progress note on 4/16/14 indicated she had 9/10 pain with medication. Exam findings were notable for reduced range of motion of the cervical spine and trigger point tenderness. The right epicondyles were tender as well. She was continued on the above medications in addition to Zolpidem for sleep. She remained on the above medications for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Prilosec 20mg 1 po qd #60 DOS (Date of service 5/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

Retro Desyrel 50mg 1-2 po qhs PRN #60 DOS (Date of service 5/14/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone Page(s): 14-18.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. It has not been proven beneficial for lumbar root pain or cervical root pain. In this case, it was used for pain and sleep. The claimant had also been placed on Zolpidem. There is no indication of placing on both medications for sleep. In addition, it's the claimant had been on numerous medications for pain. The pain was increasing and there was no indication of Trazadone contribution to pain relief. Continued and prolonged use of Trazadone is not medically necessary.

Retro Norco 10/325mg 4-6 po qd #180 DOS (Date of service 5/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for over 6 months with no recent improvement in pain scale or function. The continued use of Norco is not medically necessary.