

Case Number:	CM14-0096016		
Date Assigned:	08/01/2014	Date of Injury:	08/31/2010
Decision Date:	09/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation 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 59-year-old male smoker who reported an injury after being hit in the face by a piece of wood that had flown off of a conveyor on 08/31/2010. On 03/14/2014, his diagnoses included history of right facial fracture, multiple areas, complaints of dizziness and blurry vision on the right side, post traumatic stress disorder, and depression secondary to chronic pain issues and sleep issues. He had a negative brain MRI and negative EEG. His medications included Percocet 10/325 mg, Norco 10/325 mg, Klonopin 0.5 mg, Trazodone 50 mg, Motrin 800 mg, Prilosec 20 mg and Deplin 15 mg. His complaints included facial pain and headaches. He rated the pain at 8/10 before medications and 3/10 with medication. He stated that the only side effect noted was a GI upset from the Motrin, but he stated that the Prilosec helped. Urine drug screen revealed no aberrant drug seeking behavior. Other than for the Prilosec, there was no other rationale included in this injured worker's chart. A Request for Authorization dated 05/21/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Qty 180: 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 Opioids
Page(s): 74-95.

Decision rationale: The request for Percocet 10/325mg Quantity 180 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has increased functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderate to severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including failed trials of anticonvulsants, quantified efficacy, or collateral contacts. Additionally, there was no frequency specified in the request. Since this injured worker is taking more than 1 opioid medication, without the frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for Percocet 10/325mg Quantity 180 is not medically necessary.

Norco 10/325mg Qty 60: 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 Opioids
Page(s): 74-95.

Decision rationale: The request for Norco 10/325mg Quantity 60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has increased functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderate to severe may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including failed trials of anticonvulsants, quantified efficacy, or collateral contacts. Additionally, there was no frequency specified in the request. Since this injured worker is taking more than 1 opioid medication, without the

frequency, the morphine equivalency dosage could not be calculated. Therefore, this request for Norco 10/325mg Quantity 60 is not medically necessary.

Trazodone HCL 50mg Qty 120: 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 ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for Trazodone HCL 50mg Quantity 120 is not medically necessary. Per the California ACOEM Guidelines, brief courses of antidepressants may be helpful to alleviate symptoms of depression, but because they may take weeks to exert their maximal effects, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile. The submitted documentation revealed that this injured worker had been taking Trazodone since 03/14/2014. There was no quantifiable data submitted regarding the alleviation of depressive symptoms afforded by the use of trazodone. Additionally, there was no frequency of administration included with the request. The need for trazodone was not clearly demonstrated in the submitted documentation. Therefore, this request for Trazodone HCL 50mg Quantity 120 is not medically necessary.

Motrin 800mg Qty 120: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Motrin 800 mg Quantity 120 is not medically necessary. The California MTUS Guidelines recommend that NSAIDs be used at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Motrin is recommended for osteoarthritis, rheumatoid arthritis, and off label for ankylosing spondylitis. This injured worker does not have a diagnosis of osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis. Additionally, the request did not specify frequency of administration. Therefore, this request for Motrin 800 mg Quantity 120 is not medically necessary.

Prilosec 20mg Qty 120: 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 NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20mg Quantity 120 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which includes Prilosec, may be recommended, but clinicians should weigh the indications for NSAIDS against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease and laryngeopharyngeal reflux. The injured worker does not have any of the above diagnoses, and other than being over the age of 65, did not have any of the other qualifying criteria for risk factors for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Prilosec 20mg Quantity 120 is not medically necessary.