

Case Number:	CM14-0096078		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2007
Decision Date:	09/24/2014	UR Denial Date:	06/05/2014
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 Preventive Medicine and is licensed to practice in Texas. 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 60 year old female with a past history of depression, and Alcoholism and opiate addiction who was injured at work on 01/15/2007. She is post right C4/C5, and C5/C6 postcervical foraminotomies in 2008. The worker complains of pain in her neck, right upper extremity, back and right lower extremity. The physical examination was positive for noarmal gait, limitation in lumbar rotational movement, lumbosacral and cervical tenderness, normal sensations,decreased right foot dorsiflexion , decresed extension of the right leg; decreased range of motion of the cervical spine; decreased sensations in the right upper limb; decresed right grip strenght; worsend tension right upper trapezius. She has been diagnosed of chronic pain, neck pain, sciatica, long term use of medications, cervical poslaminectomy syndrome, disorders sacrum. She has been on Gabapentin, Cymbalta , Trazodone, Ibuprofen, and protonix since 2009 She made 35% improvement with six sessions of massage therapy; 50% improvement with Cervical epidural steroid injection; she also had Lumbar Epidural steroid injection. At dispute are the modification of the requested dose of Gabapentin due to the request exceeding the maximum daily dosage of 3200mg -3500mg; Massage Therapy Sessions, QTY: 6; Cymbalta 60mg, QTY: 30 (5 Refills; Pantoprazole 20mg, QTY:60 (5 Refills); Motrin-Ibuprofen 800mg, QTY: 30; Trazadone 50mg, QTY: 60 (1 Refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg, QTY: 200 (2 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs), Anti-Convulsants, for Neuropathic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepileptics) Page(s): 16-22.

Decision rationale: The injured worker sustained a work related injury on 01/ 15/2007. The medical records provided indicate the diagnosis of chronic pain, neck pain, sciatica, long term use of medications, cervical post-laminectomy syndrome, and disorders sacrum. Treatments have included Gabapentin, Cymbalta, Ibuprofen, Pantoprazole, Trazodone, and Massage therapy. The medical records provided for review do not indicate a medical necessity for Gabapentin 800mg, 2 tablets three times daily and extra tablet for flare ups. This regimen amounts to 4800mg to 5600mg per day, as against the maximum recommended daily dose of The MTUS does not recommend more than 1800mg/day of Gabapentin for post hepatic neuralgia, or 3600mg/ day for diabetic neuralgia. While the anticonvulsants, like Gabapentin are recommended for the treatment of Neuropathic pain, the guidelines recommend continuing them if the patient has improved by 30% while on them. Rather than improving, the injured worker has reported an increasing dose to control pain. This suggests the drug is not working and needs to be either switched with another first line drugs for neuropathic pain, or combined with another or discontinued. Therefore, the requested drug is not medically necessary.

Massage Therapy Sessions, QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The injured worker sustained a work related injury on 01/ 15/2007. The medical records provided indicate the diagnosis of chronic pain, neck pain, sciatica, long term use of medications, cervical post-laminectomy syndrome, and disorders sacrum. Treatments have included Gabapentin, Cymbalta, Ibuprofen, Pantoprazole, Trazodone, and Massage therapy. The medical records provided for review do not indicate a medical necessity for additional six sessions of massage therapy. The MTUS does not recommend more than 4-6 sessions of massage therapy. The records reviewed revealed she had six sessions previously. Therefore, there is no medical justification for the requested treatment.

Cymbalta 60mg, QTY: 30 (5 Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norepinephrine and Serotonin Inhibitor Antidepressant (SNRIs), NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussions; Antidepressants Page(s): 8 14-16. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants)).

Decision rationale: The injured worker sustained a work related injury on 01/ 15/2007. The medical records provided indicate the diagnosis of chronic pain, neck pain, sciatica, long term use of medications, cervical post-laminectomy syndrome, and disorders sacrum. Treatments have included Gabapentin, Cymbalta, Ibuprofen, Pantoprazole, Trazodone, and Massage therapy. The medical records provided for review indicate the injured worker has a history of depression and alcoholism, she has been using Cymbalta since 2009; during her doctor visit on 05/27/2014, she was noted to have appropriate mood and affect, she did not appear sedated. The medical records reviewed did not indicate a medical necessity for Cymbalta 60mg, QTY: 30 (5 Refills). The records reveal she has been taking increases doses of Gabapentin due to lack of pain control with the recommended dosages of her drugs. The MTUS recommends her provider periodically review the course of treatment, and the continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. Consequently, although she would need this medication for the control of her depression, she needs to be re-evaluated more often, and as a result, there is no medical justification for five refills.

Pantoprazole 20mg, QTY:60 (5 Refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Minor, 2010) Protonix, NSAIDs's, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Gi symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker sustained a work related injury on 01/ 15/2007. The medical records provided indicate the diagnosis of chronic pain, neck pain, sciatica, long term use of medications, cervical post-laminectomy syndrome, and disorders sacrum. Treatments have included Gabapentin, Cymbalta, Ibuprofen, Pantoprazole, Trazodone, and Massage therapy. The medical records provided for review do not indicate a medical necessity for Pantoprazole 20mg, QTY:60 (5 Refills):The MTUS does not recommend proton-pump inhibitor,like Pantoprazole, in a patient who is less than 65 years old, without history of Gastrointestinal side effects to NSAIDs, or history of stomach ulcer, unless the patient is on combination NSAIDs or on NSAIDs in combination with steroids, or high dose NSAIDs.The MTSUS recommends use of a low dose NSAIDs for a short time in the treatment of acute exacerbations of chronic pain. Therefore, since this worker has been using Ibuprofen 800mg 9(a high dose) since 2009, there is need to discontinue this drug, Pantoprazole will no longer be needed when it is discontinued.

Motrin-Ibuprofen 800mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Streoidal Antiinflammatory Drugs Page(s): 67-68.

Decision rationale: The injured worker sustained a work related injury on 01/15/2007. The medical records provided indicate the diagnosis of chronic pain, neck pain, sciatica, long term use of medications, cervical post-laminectomy syndrome, and disorders sacrum. Treatments have included Gabapentin, Cymbalta, Ibuprofen, Pantoprazole, Trazodone, and Massage therapy. The medical records provided for review do not indicate a medical necessity for Motrin-Ibuprofen 800mg, QTY: 30. The medical records revealed the injured worker has been on Ibuprofen 800mg since 2009. This is against the recommendation of the MTUS, which recommends the short term use of NSAIDs for the treatment of acute exacerbations of chronic pain. Therefore, there is no medical necessity for the continued use of this drug.

Trazadone 50mg, QTY: 60 (1 Refill): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Chronic Pain, page(s) <http://apgi.acoem.org/Browser/AdvancedSearch.aspx#&&/wEXAgUJUGFnZUluZGV4BQEwBQJTVAUJVHJhem9kb25loYCHbtTemWSe7bRYYozkRGLzO9A=2>. Food and Drug Administration <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm154912.htm>, 09/20/14.

Decision rationale The injured worker sustained a work related injury on 01/15/2007. The medical records provided indicate the diagnosis of chronic pain, neck pain, sciatica, long term use of medications, cervical post-laminectomy syndrome, and disorders sacrum. Treatments have included Gabapentin, Cymbalta, Ibuprofen, Pantoprazole, Trazodone, and Massage therapy. The medical records provided for review do not indicate a medical necessity for Trazadone 50mg, QTY: 60 (1 Refill). The records reviewed indicate the injured worker is taking Trazodone for sleep. The MTUS and Official Disability Guidelines has no recommendation either for or against the use of Trazodone; nevertheless, the ACOEM guidelines has several recommendations against the use of Trazodone, although none of them was for Sleep. The ACOEM guidelines states, Selective serotonin reuptake inhibitors (e.g., sertraline, paroxetine), bupropion, and trazodone are strongly not recommended for treatment of chronic persistent pain without depression. Although she has a history of Depression, the records revealed it is well treated with Cymbalta, therefore she does not need Trazodone for depression. Furthermore, Trazodone is approved by the Food Administration only for the treatment of depression, therefore, the Trazodone, is being used for what it is not approved for. There is no

medical necessity for this drug In this case. Although the report stated she reported depression, the examination revealed appropriate mood and affect, she was using the Trazodone for sleep.