

Case Number:	CM14-0099835		
Date Assigned:	08/08/2014	Date of Injury:	08/10/2008
Decision Date:	12/31/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 34-year-old gentleman with a date of injury of 08/10/2008. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 01/24/2014, 04/28/2014, 05/28/2014, and 06/24/2014 indicated the worker was experiencing lower back pain that went into the legs; neck pain that sometimes went into the arms; left knee pain; burning, numbness, and tingling involving the entire left side of the worker's body; left leg spasms; decreased sleep due to pain; and depressed mood. Documented examinations consistently described slow walking, tenderness in the lower back, and decreased motion in the back joints. The submitted and reviewed documentation concluded the worker was suffering from an L5 radiculopathy due to spondylolisthesis, an unreported upper spine disk problem with a radicular component, left knee sprain, sexual dysfunction, depression, sleep issues, paranoia, and a left leg tremor. Treatment recommendations included oral pain medication, medication for stomach upset due to other medications, psychiatry consultation, pain management, activity as tolerated, hot and cold treatments as needed for pain, x-rays of the left knee, sleep medication, cervical traction for neck pain, urinary drug screen testing, blood tests, depression and anxiety medications, use of a TENS unit, and follow up care. A Utilization Review decision was rendered on 06/18/2014 recommending non-certification for sixty tablets of pantoprazole 20mg for the date of service 05/28/2014, sixty tablets of pantoprazole 20mg, sixty tablets of trazodone 50mg for the date of service 05/28/2014, sixty tablets of trazodone 50mg, ten-panel urinary drug screen, and cervical traction with an air bladder .

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Protonix 20mg, qty 60, DOS 05/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Pantoprazole: Druge Information. Topic 9474, version 140.0. UpToDate, accessed 12/24/2014.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs; neck pain that sometimes went into the arms; left knee pain; burning, numbness, and tingling involving the entire left side of the worker's body; left leg spasms; decreased sleep due to pain; and depressed mood. There was no discussion of the worker experiencing gastrointestinal symptoms, the use of a NSAID in the worker's pain regimen for the time period requested, or any of the other conditions mentioned above. In the absence of such evidence, the request for sixty tablets of Pantoprazole 20mg for the date of service 05/28/2014 is not medically necessary.

Protonix 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Pantoprazole: Druge Information. Topic 9474, version 140.0. UpToDate, accessed 12/24/2014.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease

(GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs; neck pain that sometimes went into the arms; left knee pain; burning, numbness, and tingling involving the entire left side of the worker's body; left leg spasms; decreased sleep due to pain; and depressed mood. There was no discussion of the worker experiencing gastrointestinal symptoms, the use of a NSAID in the worker's pain regimen since the note dated 01/24/2014, or any of the other conditions mentioned above. In the absence of such evidence, the request for sixty tablets of Pantoprazole 20mg is not medically necessary.

Retrospective request for Trazadone 50mg, qty 60, DOS 05/28/14: 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 Trazodone: Drug information. Topic 10013, version 119.0. UpToDate, accessed 12/16/2014; Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).

Decision rationale: Trazodone is an anti-depressant in the serotonin reuptake inhibitor class of medication. Trazodone is FDA-approved for the treatment of major depression. The primary benefit of this medication on pain management is likely through improved mood. While there is some literature to support the use of trazodone for sleep problems, some research suggests this medication may actually worsen sleep issues. Trazodone is not FDA-approved for this use, and the Guidelines are silent on its use in this setting. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. The submitted and reviewed records indicated the worker was experiencing pain in multiple areas of the body, depression, and problems sleeping. The submitted and reviewed records included no detailed assessment of the worker's sleep problem or depression. There was no discussion suggesting improved mood with the addition of trazodone to the worker's medication regimen, prior behavioral changes had been attempted or encouraged to improve sleep, or improved pain with this use of this medication. Further, trazodone has a risk of potentially serious complications when combined with any of three other medications in the worker's regimen. In the absence of such evidence, the request for sixty tablets of Trazodone 50mg for the date of service 05/28/2014 is not medically necessary.

Trazadone 50mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trazodone: Drug information. Topic 10013, version 119.0. UpToDate, accessed 12/16/2014. Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).

Decision rationale: Trazodone is an anti-depressant in the serotonin reuptake inhibitor class of medication. Trazodone is FDA-approved for the treatment of major depression. The primary benefit of this medication on pain management is likely through improved mood. While there is some literature to support the use of trazodone for sleep problems, some research suggests this medication may actually worsen sleep issues. Trazodone is not FDA-approved for this use, and the Guidelines are silent on its use in this setting. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Therefore, the request is not medically necessary.

10-panel Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95..

Decision rationale: The MTUS Guidelines encourage the use of urine toxicology screens before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications. The Guidelines support the use of random urine toxicology screening as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs; neck pain that sometimes went into the arms; left knee pain; burning, numbness, and tingling involving the entire left side of the worker's body; left leg spasms; decreased sleep due to pain; and depressed mood. Utilization Reviews rendered on 11/13/2013 and 04/07/2014 recommended stopping opioid therapy because medical necessity

had not been demonstrated. The reviewed records did not include a discussion indicating improved pain, function, or quality of life with the use of the two opioid medications that were recommended for at least the last six months. In the absence of such evidence, the request for a Ten-Panel Urinary Drug Screen are not medically necessary.

Cervical Traction with Air Bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson BC, et al. Treatment of neck pain. Topic 7777, version 23.0. UpToDate, accessed 12/24/2014.

Decision rationale: The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs; neck pain that sometimes went into the arms; left knee pain; burning, numbness, and tingling involving the entire left side of the worker's body; left leg spasms; decreased sleep due to pain; and depressed mood. The MTUS Guidelines are silent on the use of cervical traction at home in this clinical situation. Studies of cervical traction delivered along with a physical therapy program have not shown this treatment to provide greater benefit than placebo. The literature does not support using cervical traction for the treatment of neck pain. In the absence of such evidence, the request for Cervical Traction with an Air Bladder is not medically necessary.