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| Case Number: | CM14-0120059 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 09/08/2010 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 Emergency 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:

The injured worker is a 58 year-old female, who sustained an injury on September 8, 2010. The mechanism of injury occurred when she fell backwards from a chair. Diagnostics have included: July 8, 2014 bone scan reported as showing no loosening of the patellar or other components. Treatments have included: FRP, medications, injections, physical therapy, lumbar surgery, right knee surgery. The current diagnoses are: carpal tunnel syndrome, lumbar disc degeneration, myalgia, shoulder disorder. The stated purpose of the request for Trazadone 50mg #30 x 2 refills was not noted. The request for Trazadone 50mg #30 x 2 refills was denied on July 18, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Fentanyl patch 12.5mcg #8 x 2 refills was not noted. The request for Fentanyl patch 12.5mcg #8 x 2 refills was denied on July 18, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Gabapentin 600mg #30 x 2 refills was not noted. The request for Gabapentin 600mg #30 x 2 refills was denied on July 18, 2014, citing a lack of documentation of medical necessity. The stated purpose of the request for Flexeril 5mg #30 x 2 refill was not noted. The request for Flexeril 5mg #30 x 2 refill was denied on July 18, 2014, citing a lack of documentation of medical necessity. Per the report dated July 24, 2014, the treating physician noted complaints of lower back and right knee pain with medications helping ADL's. Exam shows restricted lumbar range of motion, positive straight leg raising tests, decreased right medial calf sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested Trazadone 50mg #30 x 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has lower back and right knee pain with medications helping ADL's. . The treating physician has documented restricted lumbar range of motion, positive straight leg raising tests, decreased right medial calf sensation. The treating physician has not documented failed trials of tricyclic antidepressants, nor objective evidence of derived functional improvement. The criteria noted above not having been met, Trazadone 50mg #30 x 2 refills is not medically necessary.

Fentanyl patch 12.5mcg #8 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back and right knee pain with medications helping ADL's. . The treating physician has documented restricted lumbar range of motion, positive straight leg raising tests, decreased right medial calf sensation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Fentanyl patch 12.5mcg #8 x 2 refills is not medically necessary.

Gabapentin 600mg #30 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 600mg #30 x 2 refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage" The injured worker has lower back and right knee pain with medications helping ADL's. . The treating physician has documented restricted lumbar range of motion, positive straight leg raising tests, decreased right medial calf sensation. The treating physician has not documented the current presence of radicular pain, nor objective evidence of derived functional improvement from its use to date. The criteria noted above not having been met, Gabapentin 600mg #30 x 2 refills is not medically necessary.

Flexeril 5mg #30 x 2 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Flexeril 5mg #30 x 2 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has lower back and right knee pain with medications helping ADL's. . The treating physician has documented restricted lumbar range of motion, positive straight leg raising tests, decreased right medial calf sensation. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 5mg #30 x 2 refill is not medically necessary.