

Case Number:	CM14-0172091		
Date Assigned:	11/19/2014	Date of Injury:	02/24/2009
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational 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:

This patient is a 43 year-old male with date of injury 02/24/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/26/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed restricted range of motion limited by pain. Tenderness to palpation, hypertonicity, and spasm were noted on the bilateral lumbar paraspinals. Motor testing was limited by pain. Motor strength was 4/5 bilaterally for the knee extensors and hip flexors. Light touch sensation was decreased over the anterior thigh on the right side. Diagnosis: 1. Lumbar degenerative disc disease 2. Low back pain 3. Spasm of muscle 4. Disorder muscle NEC. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Norco 10/325mg, 330 SIG: 1 PRN 2. Neurontin 800mg, #90 SIG: 1 3 times a day 3. Trazadone 50mg, #30 SIG: 1 at bedtime 4. Lexapro 20mg, #60 SIG: 2 daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take 1 daily as needed #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 6 months. Norco 10/325mg take 1 daily as needed #30 is not medically necessary.

Neurontin 800mg, take 1 3x a day #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 800mg, take 1 3x a day #90, 1 refill is not medically necessary.

Trazadone 50mg, take 1 at bedtime as needed #30, 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, Online Edition, Pain Chapter, Antidepressants for Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Trazadone 50mg, take 1 at bedtime as needed #30, 1 refill is not medically necessary.

Lexapro 20mg, take 2 daily #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Mental, Escitalopram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors)

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. Lexapro 20mg, take 2 daily #60 is not medically necessary.