

Case Number:	CM14-0180183		
Date Assigned:	11/04/2014	Date of Injury:	07/11/2009
Decision Date:	02/10/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 42 year old female with a work injury dated 7/11/09. The diagnoses includes neck pain, long term use of meds, lumbar disc displacement without myelopathy, therapeutic drug monitoring; pain in the shoulder joint; unspecified major depression; agoraphobia without panic attacks; unspecified major depression, single episode. She is status post left shoulder decompression and manipulation on 2/26/13, Under consideration is a request for Pantoprazole-Protonix 20mg #60 (DOS 9/8/14) qty 60.00; Escitalopram-lexapro 5mg #120 qty 120.00; Trazodone 5mg #90 qty 90.00; Diclofenac sodium 1.5 %60 gm qty (1); Zanaflex 4mg #90 qty 90.00. There is a 9/8/14 progress note that states that continues to experience neck pain back pain shoulder pain and elbow pain. She is using medication for management of her pain and muscle spasms sleeplessness and gastric side effects. She is also recovering from a gastric bypass surgery. She requires a refill of her medication. The EMG of the bilateral upper extremities dated 10/22/12 revealed a normal study. The objective findings reveal that the patient has no edema or tenderness in any extremity. She has normal muscle tone without atrophy in the bilateral upper extremities. The bilateral upper extremities reveal 5/5 strength. The patient is alert and oriented x 3. The patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation. The current medications include: Pantoprazole-protonix 20mg # 60 (ms) SIG: Take 1 tablet(s) every 12 hours; Escitalopram-Iexapro 5mg #30 SIG: Take 4 tabs daily; Trazodone 50 Mg # 90 SIG: Take 1-2 at night antidepressant/sleep; Diclofenac Sodium 1.5% 60 Grm SIG: Apply to affected area three times a day; Zanaflex 4 Mg Tablet SIG: Take 1 Tablet(s) every 8 hours prn spasm; Nucynta 100 Mg Tablet SIG: 1 tablet every 12 hours; Atenolo 125 Mg Tablet (Other MD) SIG: once per day; Hyoscyamine 0.125 Mg Tab SI (Other MD); Imitrex 50 Mg Tablet (Other MD) SIG: As needed for migraines ; Melatonin ; Topamax 25 Mg Tablet (Other MD) SIG: two tablets BID. There are requests for Nucynta 100mg tablet

every 12 hours; Pantoprazole-Protonix 20mg #60 (DOS 9/8/14) qty 60.00; Escitalopram-lexapro 5mg #120 qty 120.00; Trazodone 5mg #90 qty 90.00; Diclofenac sodium 1.5 %60 gm qty (1); Zanaflex 4mg #90 qty 90.00 The document states sample was sent to the laboratory for urine drug panel confirmation testing. This patient continues to have persistent pain in her back and shoulder. At this time she is continuing to recover from gastric bypass surgery. She is back on the Lexapro and trazodone, Her [REDACTED] physician told her to stop the trazodone because it was depleting her potassium. The documenting physician states that this is entirely not true however patients with very low potassium should not take trazodone because of increased risk of seizures however this is not the cause of the low potassium. The cause of the low potassium with her gastric bypass surgery. Currently she is back on medication and she is sleeping better. Also her [REDACTED] physician abruptly withdrew her Lexapro and she had significant depression anxiety which has reversed itself. At this point the provider would not change her medications as they are balanced in her function is optimized . The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60 (DOS 9/8/14): 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, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Proton pump inhibitors (PPIs)

Decision rationale: Pantoprazole-Protonix 20mg #60 (DOS 9/8/14) is not medically necessary per the MTUS and the Official Disability Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The Official Disability Guidelines states that Protonix is second line and that a trial of Omeprazole and Lansoprazole is recommended as first line. The documentation does not reveal that the patient meets the above MTUS criteria for a proton pump inhibitor. The documentation does not reveal a failure of first line therapy. The request for Pantoprazole-Protonix 20mg #60 (DOS 9/8/14) is not medically necessary.

Escitalopram-Lexapro 5mg #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 Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: Escitalopram-Lexapro 5mg #120 is not medically necessary per the MTUS and the Official Disability Guidelines. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The Official Disability Guidelines states that Escitalopram is recommended as first line treatment for major depressive disorder and post-traumatic stress disorder. The documentation indicates that this medication was discontinued by the patient's [REDACTED] physician. It is unclear why this occurred and the efficacy of prior Escitalopram use. Without clarification of rationale for discontinuing prior Escitalopram use, the request for Escitalopram-Lexapro 5mg #120 is not medically necessary.

Trazodone 5mg #90: 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 Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress - Trazodone (Desyrel)

Decision rationale: Trazodone 5mg #90 is not medically necessary per the MTUS and the Official Disability Guidelines. The MTUS states that antidepressants can be used for neuropathic pain. The Official Disability Guidelines states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The documentation indicates that per the patient her [REDACTED] physician had stopped her Trazodone due to low potassium levels. It is unclear without documentation of the rationale from prior physician visits as to the reasons surrounding the discontinuation of Trazodone. Additionally, efficacy of prior Trazodone use is not clear. Without clarification of prior efficacy and reasons for discontinuing this medication, the request for Trazodone 5mg #90 is not medically necessary.

Diclofenac Sodium 1.5 % 60 gm QTY: (1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Diclofenac sodium 1.5 % 60 gm QTY (1) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation and request are not clear as to which body part the Diclofenac is for. The documentation does not indicate that the patient has had significant functional improvement from prior Diclofenac. The documentation indicates that the patient has been on this medication longer than the 12 week recommended time frame. The request for Diclofenac sodium 1.5% 60gm QTY (1) is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Tizanidine (Zanaflex, generic available) Page(s): 63; 66.

Decision rationale: Zanaflex 4mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic pain rather than acute. There is no evidence of functional improvement on prior Tizanidine use and there is no recent documentation of spasticity. Therefore, the request for Zanaflex 4mg #90 is not medically necessary.