

Case Number:	CM14-0190275		
Date Assigned:	11/18/2014	Date of Injury:	11/05/1991
Decision Date:	01/08/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old female who reported an injury on 11/05/1991. The mechanism of injury was not provided. She was diagnosed with chronic regional pain syndrome type 1 of the lower extremities. Her past treatments have included physical therapy and medications. No diagnostic studies were provided. Surgical history was noted to include knee replacement surgery x2. On 11/13/2014, the injured worker reported extreme pain and swelling in her left leg. She indicated her medications worked to a certain extent. She also reported she had not been sleeping much, her pain got worse at night, and on average her pain was about 9/10. The injured worker reported "it gets better by taking medications." However, no pain scale was provided. On physical examination of her left knee, she was noted to have tenderness in the medial and lateral joint line and range of motion from 0 degrees of extension to 90 degrees of flexion. The treating physician indicated there was no evidence of substance abuse or misuse of medications; however, a urine drug screening was not provided. The injured worker indicated approximately 30% improvement in her function with medication use in order to allow her to perform her activities of daily living, including cooking and cleaning. The treating physician indicated the injured worker was unable to sleep because of her pain even though she used appropriate sleep hygiene and Trazodone was medically necessary to help her with sleep as well as her chronic regional pain syndrome. Furthermore, the treating physician indicated she got GERD with medications and hence pantoprazole was medically necessary. Her current medications were noted to include Prilosec 20 mg twice a day as needed, Sentra PM every night as needed, Baclofen 10 mg 3 times a day as needed, docusate sodium 100 mg twice a day as needed, Gralise 600 mg every night as needed, methadone 10 mg 5 times daily as needed, Trazodone 50 mg every night as needed, and Pantoprazole 20 mg twice a day as needed. The

treatment plan included a refill of medications. A request was submitted for Trazodone 50mg #56, Methadone 10mg #140, and Pantoprazole 20mg #60. The rationale for the medications was for pain control and the injured worker also had GERD. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #56: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health & Illness, Trazodone (Desyrel).

Decision rationale: The request for trazodone 50mg #56 is not medically necessary. The Official Disability Guidelines recommend for correcting deficits as nonrestorative sleep is 1 of the strongest predictors for pain, also for impairment in daily function due to lack of sleep. The impairments include fatigue, irritability, and decreased memory and concentration. More specifically, the guidelines recommend trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker was noted to be on trazadone since at least 11/2014. The clinical documentation did provide evidence of insomnia; however, there was no evidence of decreased concentration or worsening memory and there were no psychiatric symptoms such as depression or anxiety noted within the documentation. Additionally, the request does not indicate the frequency for taking the medication. Given the above information, the request is not supported by the guidelines. As such, the request for trazodone 50mg #56 is not medically necessary.

Methadone 10mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for methadone 10mg #140 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, aberrant medication risk, and side effects. The injured worker was noted to be on methadone since at least 11/2014. The documentation submitted for review does indicate that the use of methadone has helped her with pain relief and increased ability to perform activities of daily living. Therefore, adequate pain relief and improved function have been established. However, there were no recent urine drug screens provided verifying appropriate medication use.

Furthermore, the request does not indicate the frequency for taking the medication. Based on this documentation, continued use of methadone would not be supported by the guidelines. As such, the request is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for pantoprazole 20mg #60 is not medically necessary. The California MTUS guidelines indicate that a patient is at risk for a gastrointestinal event if they are over the age of 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. A non-selective NSAID is recommended for patients with no risk factor and no cardiovascular disease. The injured worker was noted to be on pantoprazole since at least 11/2014. The clinical documentation does indicate that the injured worker gets gastroesophageal reflux disease (GERD) with medication use; however, there was no indication of cardiovascular disease or increased risk factors. Furthermore, there is no documentation that the injured worker was using NSAIDs. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request cannot be supported at this time and the request for pantoprazole 20mg #60 is not medically necessary.