MAXIMUS Federal Services

Case Number:	CM14-0195439		
Date Assigned:	12/03/2014	Date of Injury:	07/12/2011
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 Pain 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 is a patient with a date of injury of 7/12/11. A utilization review determination dated 11/7/14 recommends non-certification of Zoloft, Norco, Motrin, Prilosec, Trazodone, and Neurontin. 10/16/14 medical report identifies chronic low back pain with radicular symptoms into the RLE. Medications allow him to "remain more functional." He tolerates them well. Norco brings pain from 8/10 to 5/10. He gets "additional benefit" from ibuprofen. If he does not take it together, he is unable to get the pain to be at a manageable level. Neurontin provides 60% pain relief of nerve pain. Medication provides better function. He is able to walk half an hour twice a day for exercise, do light housework and yard work. He denies negative side effects. He has not requested early refills, gets medication only from the provider, has a pain contract on file, and the last UDS on 8/22/14 was consistent. Lexapro did not help with depression and the provider recommended changing to Zoloft. Trazodone helps with sleep, allowing 6 hours of sleep. Without it, he is not able to get very much sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLOFT 50MG QTY. 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402,Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: Regarding the request for Zoloft (sertraline), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, the provider notes that Lexapro did not help with depression and recommended switching to Zoloft. However, there is no description of any depressive symptoms/findings to support the presence of depression and thus the need for this type of medication. In the absence of clarity regarding those issues, the currently requested Zoloft is not medically necessary.

NORCO 10/325MG, QTY. 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is significantly improving the patient's function and pain. The provider notes that there are no side effects or aberrant behaviors and UDS has been consistent. In light of the above, the currently requested Norco is medically necessary.

MOTRIN 800MG, QTY. 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that the medication is providing analgesic benefits and objective functional improvement. Additionally, the provider notes that the patient utilizes both the NSAID and the

opioid in order to get pain down to a manageable level. In light of the above, the currently requested Motrin is medically necessary.

PRILOSEC 20MG, QTY. 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

TRAZODONE 50MG, QTY. 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Insomnia treatment

Decision rationale: Regarding the request for Trazodone, California MTUS does not address the issue. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no indication of failure of nonpharmacological management such as improved sleep hygiene and no rationale for long-term use of a sleep aid despite the recommendations of the guidelines. In the absence of such documentation, the currently requested Trazodone is not medically necessary.

NEUROTIN 800MG. QTY. 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of specific analgesic benefit and functional improvement, and the provider notes that the medications are not causing any significant side effects for the patient. In light of the above, the currently requested Neurontin is medically necessary.