

Case Number:	CM14-0195702		
Date Assigned:	12/03/2014	Date of Injury:	08/17/2002
Decision Date:	01/23/2015	UR Denial Date:	11/10/2014
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 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 is a 50-year-old female with an 8/17/2002 date of injury. A progress report dated 10/17/14 noted subjective complaints of neck pain radiating to bilateral upper extremities. Objective findings included cervical paravertebral spasms. Sensation was intact to light touch and pinprick over the bilateral upper extremities. Current medications include Tramadol, Zolof, Omeprazole, Imitrex, MS Contin, and Ibuprofen. It is noted that prior cervical ESI has resolved the patient's headaches entirely. Diagnostic Impression: cervical disc degeneration, C4-6 foraminal stenosis, bilateral shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazedone 150mg #30: 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) Mental Illness & Stress Chapter - Trazodone

Decision rationale: CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild

psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However, there is no documentation of sleep disturbance associated with anxiety or depression. Additionally, there is no diagnosis of fibromyalgia. Therefore, the request for Trazodone 150 mg #30 is not medically necessary.

Zoloft 200mg #30: 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 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Peer reviewed literature reveals Sertraline (Zoloft) is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, and post-traumatic stress disorder (PTSD). However, in the documents submitted for review, there is no diagnosis of depression, anxiety, or other mental illness that could be treated by Zoloft. Additionally, there is no clear documentation of neuropathic pain. It is unclear what condition Zoloft is intended to treat. There is no clear documentation of physical or psychiatric benefit obtained from Zoloft use. Therefore, the request for Zoloft 200 mg #30 is not medically necessary.

Prilosec 20mg #30: Overturned

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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec)

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient's current medications are noted to include Ibuprofen. PPI therapy is indicated in the setting of chronic NSAID use. Therefore, the request for Prilosec 20 mg #30 is medically necessary.

Imitrex 100mg #15: 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Imitrex)

Decision rationale: CA MTUS and ODG do not specifically address this issue. The FDA states that Imitrex is indicated for the acute treatment of migraine with or without aura in adults. It should only be used if a clear diagnosis of migraine headache has been established. However, there is no clear documentation of a diagnosis of migraine headaches. Additionally, the documentation notes that prior cervical ESI has resolved the patient's prior headaches entirely, suggesting a cervicogenic etiology for the patient's headaches. It is unclear how the patient would benefit from Imitrex use. Therefore, the request for Imitrex 100 mg #15 is not medically necessary.