

Case Number:	CM15-0002390		
Date Assigned:	01/13/2015	Date of Injury:	04/07/2011
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old man sustained an industrial injury on 4/7/2011. The mechanism of injury is not detailed. Current diagnoses include neuralgia/neuritis, lateral epicondylitis, bilateral joint pain to the hands, disc degeneration, and cervical radiculitis. Treatment has included oral medications. Pain specialist notes dated 11/17/2014 identify slightly decreased pain in the bilateral wrists and all other pain is unchanged since the last visit. He feels very depressed and is having memory loss. He is also very sleepy. Trazodone is helping increase the amount of hours he can sleep. Without it, he only sleeps 2 hours and pain increases without sleep. Lyrica is helping with nerve pain and allows him to function. Cymbalta is helping with pain, depression, and anxiety with 50% relief. Norco is helping with pain and allowing him to function. Pain is reported at 5-6/10 and unchanged. On exam, there is tenderness, limited ROM, spasm, and unspecified decreased sensation bilateral forearms. An addendum dated 11/20/14 noted that the patient called and is miserable with pain everywhere. He was unable to tolerate Lyrica as he had swelling in the feet and lower legs, and a prescription for gabapentin was written. Recommendations included ice and moist heat for pain control and medications were refilled, Norco and MS Contin were discontinued and Ambien was begun due to complaints regarding feeling trapped with pain management, difficulties sleeping, and itching. On 12/15/2014, Utilization Review evaluated prescriptions for Gabapentin tab 600 mg#30, hydrocodone/APAP tab 10/325 mg #30, Trazadone tab 100 mg #15, Zolpidem tab 10 mg #30, and Lyrica cap 75 mg #60, that was submitted on 1/6/2015. The UR physician noted there is no objective functional improvement documented to support the long term use of hydrocodone/APAP, the efficacy of Lyrica and Gabapentin are not

fully documented, long term use of sleeping medications is not recommended, and the efficacy and purpose of Trazadone is not fully documented. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Overturned

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

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

Decision rationale: Regarding request for gabapentin, 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, the provider noted relief of nerve pain with Lyrica, but this medication was discontinued due to side effects and replaced with a prescription for gabapentin. As such, a trial of gabapentin appears appropriate, with continued use dependent upon documentation of the criteria outlined above. In light of the above, the currently requested gabapentin is medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for hydrocodone/APAP, 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 mention of pain relief and that the medication allows the patient to function. However, the pain relief is not quantified and no specific examples of functional improvement are given. Furthermore, the report also notes multiple times that that pain is unchanged and there is no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to

allow tapering. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.

Trazodone 100mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatment

Decision rationale: Regarding the request for trazodone, it is noted that the medication was being utilized as a sleep aid. 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, the provider notes that the medication increases the amount of sleep the patient is able to obtain. However, there is no clear description of the patient's insomnia and no statement indicating what behavioral treatments have been attempted. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested trazodone is not medically necessary.

Zolpidem 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatment

Decision rationale: Regarding the request for zolpidem, 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, the provider notes that the patient was utilizing trazodone for sleep, but it was denied, and a prescription for zolpidem was written. However, there is no clear description of the patient's insomnia and no statement indicating what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication will be used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem is not medically necessary.

Lyrica 75mg #60: Upheld

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

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

Decision rationale: Regarding request for Lyrica, 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, the provider notes improvement in nerve pain with Lyrica, but this was not quantified. Furthermore, the provider discontinued Lyrica and replaced it with gabapentin due to side effects. In light of the above issues, the currently requested Lyrica is not medically necessary.