

Case Number:	CM15-0009896		
Date Assigned:	01/27/2015	Date of Injury:	07/12/2011
Decision Date:	04/15/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 47 year old male, who sustained a work related injury on 7/12/11. The diagnoses have included failed lumbar spine surgery, multilevel lumbar disc protrusions, depression and anxiety. Treatments to date have included oral medications. The injured worker complains of chronic, persistent low back pain with pain down right leg. He rates the pain a 5-8/10. He has tenderness to low back upon palpation and decreased range of motion of lower back. On 12/18/14, Utilization Review non-certified prescription requests for Norco 10/325mg. #120, Zoloft 50mg. #30, Trazadone 50mg. #60 and Neurontin 800mg. #180. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/18/14, Utilization Review certified a prescription request for Prilosec 20mg. #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74 - 82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. When prescribed, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no improvement in pain and function. Documentation reveals that injured worker reports some pain relief on current medication, with improved quality of life, in that he is able to perform activities of daily living and has better function. There is also notation of a signed pain contract on file, consistent urine drug screen and documentation that there is no aberrant behavior. Physician report further indicates that Motrin has been discontinued due to the diagnosis of Gastritis. With MTUS guidelines being met, the request for Norco 10/325 mg #120 is medically necessary.

Zoloft 50 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sertraline (Zoloft).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. Selective Serotonin Reuptake Inhibitors (SSRIs), such as Zoloft, are not recommended as a treatment for chronic pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Documentation fails to show significant improvement in the injured worker's depression or anxiety and guidelines state that SSRIs are not effective for low back pain. The request for Zoloft 50 mg # 30 is not medically necessary by MTUS.

Trazodone 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation indicates that the injured worker is diagnosed with depression and anxiety, but there is lack of physician report of coexisting Insomnia. With guidelines not being met, the request for Trazodone 50 mg # 60 is not medically necessary.

Neurontin 600 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. The injured worker complaints of chronic radicular low back pain. Documentation fails to show evidence of diagnoses or objective findings on physical examination, to support that the injured worker's condition meets criteria for use of anti-epileptic drugs. The request for Neurontin 600 mg # 180 is not medically necessary.