

Case Number:	CM15-0107247		
Date Assigned:	06/11/2015	Date of Injury:	12/03/2001
Decision Date:	08/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old male who sustained an industrial injury on 12/03/2001. The injured worker was diagnosed with lumbar spondylosis with radiculopathy, multi-level lumbar degenerative disc disease, right knee pain, morbid obesity, anxiety and depression. The injured worker is status post gastric bypass in 2010 and cardiac angiogram in March 2015. Treatment to date has included diagnostic testing, cardiology evaluation and work-up, physical therapy, chiropractic therapy, massage therapy, steroid injections, psychological evaluation, stress management, cognitive behavioral therapy (CBT) and medications. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience knee and low back pain. Lumbar laminectomy was planned after the injured worker lost 100 pounds post gastric bypass. The injured worker was seen by cardiology and was not cleared to undergo lumbar spine surgery. Further testing was required and the injured worker was placed on Pradaxa for atrial fibrillation. The injured worker rates his pain level at 6/10 with medications and 10/10 without medications. Examination of the lumbar spine demonstrated tenderness over the bilateral lumbar paravertebral muscles from L3-S1 with 1+ spasms and negative twitch response. Lumbar range of motion was demonstrated at flexion 40 degrees, extension 10 degrees and right and left lateral flexion at 10 degrees each. Straight leg raise was positive on the right at 45 degrees. Right side muscle testing was decreased at 4/5 at the peroneus longus/brevis and extensor hallucis longus muscle with hypoesthesia in the right L5-S1 dermatome distribution. Patellar reflexes were intact bilaterally. Achilles reflex was 2+ on the left and trace on the right.

The right knee examination noted tenderness over the medial aspect with stiffness and pain with full extension and flexion. No joint laxity was noted. Current medications are listed as Norco, Trazodone, Valium, Omeprazole and Voltaren Gel. Treatment plan consists of follow-up with cardiology and the current request for Norco 10/325mg, Trazodone, Omeprazole and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for Norco 10/325mg #180 is medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants Page(s): 13-14.

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

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump

Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided establish the patient as having documented gastritis, dyspepsia and GERD due to previous gastric bypass surgery. As such, the request for Omeprazole 20mg #60 is medically necessary.

Trazodone 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness & stress.

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 and Stress, Trazodone.

Decision rationale: Regarding Trazodone, the above cited guidelines say: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. The employee has a history of anxiety and insomnia which are being treated with Lexapro and Trazodone. He meets the criteria above for having insomnia with mild psychiatric symptoms. Therefore, the request for Trazodone 50mg #30 is medically necessary.

Voltaren Gel 1% 500g: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The medical documents do not indicate failure of anti-depressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel

1% (diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records indicate that patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for the knee, which guidelines allow. As such, the request for Voltaren Gel 1% 500g is medically necessary.