

Case Number:	CM15-0011902		
Date Assigned:	01/29/2015	Date of Injury:	05/01/2007
Decision Date:	05/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/20/2015

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, Washington

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 05/01/2007. The injury reportedly occurred while the injured worker was pulling boxes off of a conveyor belt. The diagnoses have included right lumbar radiculopathy, lumbar facet pain, sacroiliitis, failed back syndrome, and depression secondary to pain. Treatment to date has included diagnostic testing and medications. EMG/NCV studies of the bilateral lower extremities, dated 02/28/2013, showed evidence of right S1 radiculopathy. The injured worker presented on 10/03/2014 for a follow up evaluation with complaints of persistent low back, hip and lower extremity pain rated 9/10. The injured worker reported an increase in low back pain with standing and walking, as well as radiating symptoms into the bilateral feet. Associated symptoms include stress, anxiety and depression. The injured worker did not feel that the Zoloft was helping with the depressive symptoms. Upon examination, the injured worker's mood was positive for anxiety. There was tenderness and spasm noted in the lumbar paraspinal muscles, stiffness upon motion of the lumbar spine, increased pain with flexion compared to extension of the low back and dysesthesia to light touch in the bilateral L5-S1 dermatomes. The injured worker utilized a cane for ambulation assistance. Treatment recommendations at that time included continuation of the current medication regimen. The injured worker was also instructed to continue with individual psychotherapy and the home exercise program. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 12/2013. There is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker continues to present with complaints of persistent pain over multiple areas of the body rated 9/10. There is also no evidence of a written consent or agreement for chronic use of an opioid. Recent toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. The request as submitted also failed to indicate a frequency or quantity. Given the above, the request is not medically necessary and appropriate.

Norco 20/325mg QH PRN #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 12/2013. There is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker continues to present with complaints of persistent pain over multiple areas of the body rated 9/10. There is also no evidence of a written consent or agreement for chronic use of an opioid. Recent toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. Given the above, the request is not medically necessary and appropriate.

Topamax 50mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 12/2013. There is no documentation of objective functional improvement. There is also no evidence of a failure of first line anticonvulsants prior to the initiation of Topamax. Given the above, the request is not medically necessary and appropriate at this time.

Trazodone 50mg QHS PRN: 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), 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 & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The Official Disability Guidelines recommend trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms. The injured worker has continuously utilized the above medication since at least 09/2014. The injured worker does not maintain a current diagnosis of insomnia. The medical necessity for the requested medication has not been established. Given the above, the request is not medically necessary and appropriate at this time.

Zoloft 100mg daily #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 (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain, but they may have a role in treating secondary depression. In this case, it is noted that the injured worker maintains a diagnosis of depression secondary to persistent pain. The injured worker has continuously utilized the above medication since at least 09/2014. However, it is noted that the injured worker reported a failure to adequately respond to Zoloft, despite a recent increase in the dosage. The medical necessity for the ongoing use of the above medication has not been established in this case. Therefore, the request is not medically necessary and appropriate at this time.

Zoloft 50mg daily #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 (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain, but they may have a role in treating secondary depression. In this case, it is noted that the injured worker maintains a diagnosis of depression secondary to persistent pain. The injured worker has continuously utilized the above medication since at least 09/2014. However, it is noted that the injured worker reported a failure to adequately respond to Zoloft, despite a recent increase in the dosage. The medical necessity for the ongoing use of the above medication has not been established in this case. Therefore, the request is not medically necessary and appropriate at this time.