MAXIMUS Federal Services

Case Number:	CM15-0016721		
Date Assigned:	02/05/2015	Date of Injury:	04/23/2007
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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 58-year-old female who reported an injury on 04/23/2007. The mechanism of injury was not provided. The injured worker was noted to undergo urine drug screens. The prior therapies included splints, medications and epidural steroid injections. The injured workers medications included opiates and antidepressants as well as triptans since at least 05/2014. The documentation of 12/19/2014 revealed the injured worker had pain of 10/10 without medications, and on the average, the pain was 8/10 with medications. The injured worker had low back pain that had been up and down and had more bad days. The injured worker reported no change with depression or insomnia. However, it was noted to be manageable so far. The injured worker continued to report pain in both hands due to carpal tunnel syndrome and thumb pain. The injured worker had difficulty using her hands for fine finger movements. The injured worker had GI upset with medications. The current medications were noted to include Norco 10/325 mg 1 tablet 6 times a day, trazodone 100 mg 2 at bedtime, Prozac 20 mg once a day, SennaGen 8.5 mg tablet 2 once a day, and Imitrex 100 mg 1 tablet may repeat after 2 hours maximum 200 mg in 24 hours. The physical examination revealed a positive Phalen's and Tinel's. There was mild weakness with gripping. The sensation was decreased in the hands and at left L4, L5, and S1 dermatomes. The straight leg raise was positive bilaterally. The diagnoses included low back pain status post fusion L4-5 in 2008, left multiple lumbar radiculopathy affecting L4-S1 and bilateral carpal tunnel syndrome status post-surgical release. The treatment plan included a translaminar epidural steroid injection, random urine drug screens, and continued current medications for pain management. The physician

opined without pain medications, the injured worker would be significantly disabled, and the injured worker had been responding to Norco reasonably well. The prescriptions included Norco 10/325 mg 1 tablet 6 times a day for 30 days, trazodone 100 mg 2 at bedtime, Imitrex 100 mg 1 tablet may repeat 2 hours maximum 200 mg in 24 hours. Additionally, the injured worker was prescribed Prozac 20 mg 1 capsule once a day for 30 days, SennaGen 8.6 mg 2 once a day, AcipHex 20 mg delayed release 1 once a day, and Nalfon 400 mg capsules 1 twice a day for 30 days. The injured worker underwent a urine drug screen. There was a Request for Authorization submitted for the medications dated 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100mg Tablet 2 qhs x30 days #60 x1 Refill: 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 and Stress Chapter, Trazadone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the injured worker was taking this medication along with Prozac. There was a lack of documentation indicating a necessity for 2 antidepressants. Additionally, there was a lack of documentation of objective functional improvement and an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for trazadone 100mg tablet 2 qhs x30 days #60 x1 refill is not medically necessary.

Imitrex 100mg Tablet 1 Tab x30 days #12 x 2: 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), Head Chapter, Triptans; and http://www.nlm.nih.gov/medlineplus/druginfo/n\meds/a601116.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines indicate that triptans are recommended for migraine sufferers. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 05/2014. There was a lack of documentation of the efficacy or a reduction in the quantity or severity or duration of headaches. The documentation failed to indicate a necessity for 2 refills without re-evaluation. Given the above, the request for Imitrex 100mg tablet 1 tab x30 days #12 x 2 is not medically necessary.

Norco 10mg 325mg Tablet 1 6x a day x30 days #180 x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior, side effects, and had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement. Additionally, there was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Norco 10mg 325mg tablet 1 6x a day x30 days #180 x1 is not medically necessary.