MAXIMUS Federal Services

Case Number:	CM15-0139891		
Date Assigned:	07/30/2015	Date of Injury:	09/28/1993
Decision Date:	09/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 59 year old female, who sustained an industrial injury on September 28, 1993. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic post-traumatic pain, chronic post-operative pain, shoulder trauma, chronic pain, and depression. Diagnostic studies were not included in the provided medical records. Surgeries to date have included an implantation of an intrathecal pump. Treatment to date has included trigger point injections of the shoulder, intrathecal pump medication, and a combination opioid analgesic/non-steroidal anti-inflammatory medication. There were no noted previous injuries or dates of injury. On April 15, 2015, the injured worker reported that she had not been doing well. She reported taking her Vicoprofen several times a day for some uncontrolled pain despite using the bolus on her intrathecal pain pump. She reported increased difficulty straightening up. She was slouched over in a chair. The physical exam revealed a well-anchored pump in the right lower quadrant of the abdomen. Her intrathecal pump was refilled. The treatment plan includes Trazadone, Naloxone Rescue Kit, Paxil, Vicoprofen (Hydrocodone- ibuprofen), and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Trazadone 50mg, date of service 04/15/15: 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), 2015, 20th Edition, Integrated Treatment / Disability Duration Guidelines, Pain (Chronic) Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Antidepressants; Trazodone (Desyrel).

Decision rationale: The ACOEM guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but given the complexity of available agents, referral for medication evaluation is advised. The Official Disability Guidelines (ODG) recommends antidepressants for treatment of depression, but not as a stand-alone treatment generally. Trazodone (Desyrel), a sedating antidepressant, is recommended as "an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety." The medical records refer to a history of depression and the medication is ordered to be given at bedtime, which implies the Trazadone is being prescribed for insomnia. There was lack of evidence of the injured worker reporting difficulty with sleep or depression. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. This request for Trazodone was not medically necessary.

Retrospective request for Naloxone Rescue Kit 2mg, date of service 04/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

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

Decision rationale: Naloxone (Narcan) is an opioid antagonist. It is most often used to reverse the effects of agonists and agonist-antagonist derived opioids, and is used to reverse the effects of opioids in an overdose. It will usually reverse the depression of the central nervous system, respiratory system, and hypotension. Naloxone may be combined with opioids that are taken by mouth to decrease the risk of their misuse. In this case, with non-approval of opioid use, the medical necessity of Naloxone was not established. The requested medication was not medically necessary.

Retrospective request for Paxil 20mg, date of service 04/15/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Antidepressants; Paroxetine (Paxil).

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend antidepressants "a first line option for neuropathic pain and as a possibility for non-neuropathic pain." The ACOEM (American College of Occupational and Environmental Medicine) guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but given the complexity of available agents, referral for medication evaluation is advised. The Official Disability Guidelines (ODG) recommends antidepressants for treatment of depression, but not as a stand-alone treatment generally. Paxil, a selective serotonin reuptake inhibitor (SSRI) antidepressant, is recommended by the ODG for the treatment of major depressive disorder and post-traumatic stress disorder (PTSD). The medical records refer to a history of depression and chronic pain, but the medical records do not clearly establish the indication for Paxil therapy. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. This request for Paxil was not medically necessary.

Retrospective request for Vicoprofen (Hydrocodone- ibuprofen) 7.5/200mg, date of service 04/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Hydrocodone/Ibuprofen Page(s): 91-94, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Vicoprofen (Hydrocodone/ Ibuprofen) is a short-acting opioid analgesic. It is recommended for short-term use only. This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800 mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. In addition, there was lack of documentation of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the

provider and the claimant, a recent urine drug screen to support compliance of treatment with Vicoprofen, and the lack of objective evidence of functional benefit obtained from the Vicoprofen medication. Therefore, the Vicoprofen was not medically necessary.

Retrospective request for Gabapentin 800mg, date of service 4/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the CA MTUS, Gabapentin (Neurontin) is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the indications and specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Work status is not mentioned. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of any reports which address this medication, and the lack of significant symptomatic and functional benefit from its use to date. Medical necessity for Gabapentin was not established. The requested medication was not medically necessary.