

Case Number:	CM15-0144814		
Date Assigned:	08/05/2015	Date of Injury:	12/29/2005
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 54 year old female, who sustained an industrial injury on 12-29-05 Initial complaints were not reviewed. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; lumbar facet arthropathy; lumbar radiculopathy; right plantar fasciitis; left ventricular hypertrophy. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG/NCV lower extremities study (1102608); MRI lumbar spine (6-16-10; 8-20-11). Currently, the PR-2 notes dated 5-11-15 indicated the injured worker presented for a pain management follow-up visit and re-examination. She complains of low back pain and pain that radiates down the right lowered extremity. It is accompanied by numbness frequency and muscle weakness frequently in the right lower extremity, aggravated by activity, and walking. She also complains of insomnia associated with ongoing pain and chronic lower extremity itching. She rates her pain on average at 4-5 over 10 with medications and 8-9 over 10 without medications. She reports her pain has worsened since her last visit. On physical examination, the provider documented lumbar spine tenderness on palpation in the paravertebral area of L3-S1 levels. The range of motion is moderately limited due to pain. Pain is significantly increased with flexion and extension, rotations. Sensory exam shows no change since her last visit. The lower extremities flexor and extensor stretch is unchanged as well. She has right foot plantar tenderness. A MRI of the lumbosacral spine dated 6-16-10 is documented as L4-5 and L5-S1 central disc herniation isolated to the disc level with impingement upon the anterior aspect of the dural sac and mild segmental spinal stenosis. Another was completed 8-20-11 and documented with significant changes noting a 2mm right posterolateral disc protrusion at L2-3

and L3-4 encroaching into the right subarticular gutter. Mild stenosis at L4-5 and L5-S1 disc desiccation and disc protrusion-extrusion at this level. She also had an EMG/NCV study of the lower extremities dated 11-26-08 that reports normal electromyography study findings with no electrophysiological evidence of lumbar radiculopathy or denervation in the muscles studied. A normal nerve conduction study notes findings revealing no electrophysical evidence of peripheral sensorimotor neuropathy. Another EMG/NCV study was done on 8-9-11 that is documented as sensory peripheral neuropathy. A CURES report obtained 5-11-15 notes no inconsistencies. The provider is requesting authorization of Hydrocodone - Acetaminophen 5/325 mg, 120 count; Trazadone 50 mg, thirty count with one refill and Voltaren 1% gel, 300 grams with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, 300 grams with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 111.

Decision rationale: Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended the entire analgesic cream is not recommended. These topical medications are largely experimental and better medications are available. The UR was justified in its decision. The request was not medically necessary.

Trazadone 50 mg, thirty count with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date Topic 10013 and Version 144.0.

Decision rationale: Trazodone is a serotonin modulator and can be used for the treatment of major depression as well as resistant depression. It is suggested to start with a low dose and to slowly increase in order to avoid side effects. Serotonin modulators can cause serotonin syndrome. Common side effects of trazodone include somnolence, dry mouth, dizziness, constipation, vision blurred, orthostatic hypotension, and headache. Cardiac arrhythmias and priapism are rare but serious side effects. Trazodone is also used off label to treat insomnia but there is a lack of good clinical evidence to confirm its efficacy in treating this condition. There

is no mention of depression in this patient, but the patient does report insomnia. Trazodone is used off label for insomnia and there are other drugs, which would be better for this purpose. Therefore, the request is not medically necessary.

Hydrocodone - Acetaminophen 5/325 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 75 and 91.

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1. Education as to its benefits and limitations; 2. The employment of non-opioid treatments such as relaxation techniques and mindfulness techniques; 3. The establishment of realistic goals; and 4. Encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short; term relief of pain and that long-term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. In addition, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. The patient has chronic and severe pain. Her pain meds help her to cope with the pain and decrease the pain level. She should be afforded the benefit of the pain reduction she has experienced with this medication. The request is medically necessary.