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| Case Number: | CM15-0190294 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 02/28/2002 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: Florida
 Certification(s)/Specialty: Neurology, 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 66 year old female who sustained an industrial injury on 2-28-02. A review of the medical records indicates she is undergoing treatment for cervicgia, cervical radiculopathy, failed neck surgery syndrome, lumbago, lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, depression, insomnia, temporomandibular joint disorder, carpal tunnel syndrome, and Horner's syndrome. Medical records (2-23-15 to 7-27-15) indicate ongoing complaints of neck pain, right shoulder pain, low back pain, and headaches. Her pain rating has been "5-7 out of 10" with use of the medications and "8-9 out of 10" without use of the medications. She has also complained of "occasional" constipation, diarrhea, and upset stomach". The physical exam (7-27-15) reveals positive straight leg raising, Patrick's, facet loading, and Spurling's tests. She has decreased sensation to light touch in the right ankle and foot. Weakness is noted in the right upper extremity and bilateral lower extremities "diffusely". Tenderness to palpation is noted over the cervical paraspinal muscles, upper trapezius muscle, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa, and "knee". Diagnostic studies have included urine drug screens, with the last dated 7-28-15, which was found to be consistent with her current medications, an MRI of the temporomandibular joints on 7-8-15, MRI of the lumbar spine, and EMG-NCV study. Treatment has included massage therapy, acupuncture, trigger point injections, physical therapy, a home exercise program, and medications. Her current medications (7-27-15) include Naprosyn 550mg twice daily, Robaxin 750mg twice daily (started 7-27-15), Colace 100mg twice daily as needed

for constipation, Trazodone 50mg, 1 ½ tablets every night at bedtime, Nexium 20mg daily, and Norco 10-325, 1 tablet three times daily as needed for pain. The utilization review (8- 21-15) includes requests for authorization for 45 tablets of Trazodone 50mg, 30 tablets of Nexium 20mg, and 90 tablets of Norco 10-325. The determination indicates modification of Trazodone to 20 tablets, Norco to 45 tablets, and denial of Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 Tablets of Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti depressants.

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

Decision rationale: ODG supports TCAs are recommended for neuropathic pain and may be used for treatment of depression. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. For peripheral neuropathic pain the NNT for tricyclics is 2.3, versus SSRIs of 6.8 and SNRIs of 4.6. The medical records however, do not indicate a condition of neuropathic pain or depression. As such, the medical records do not support the use of trazodone consistent with ODG guidelines. Therefore, the request is not medically necessary.

30 Tablets of Nexium 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such, the medical records do not support a medical necessity for nexium in the insured congruent with MTUS. Therefore, the request is not medically necessary.

90 Tablets Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioids. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as norco. Therefore, the request is not medically necessary.