

Case Number:	CM15-0203968		
Date Assigned:	10/20/2015	Date of Injury:	03/25/2002
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 63 year old female who sustained an industrial injury on 3-25-02. Subjective complaints (9-30-15) include cervical pain with radicular pain in the right and left arms (rated 6-7 out of 10), low back pain with radicular pain in the right leg (rated 7 out of 10), shoulder pain (noted as increasing in severity and rated 6 out of 10), and hip pain (noted as improving). Objective findings (9-30-15) include decreased sensory and grip in the right upper extremity, difficulty with range of motion of the cervical spine in connection with both shoulders, pain to palpation at C2 through C6 facet capsules (left) secondary to myofascial pain with triggering and ropey fibrotic banding, lower extremity neuropathy, and decreased range of motion. It is noted the worker is status post 3 level cervical spine fusion, has instability of the cervical spine, increasing lumbosacral spinal pain with radiculopathy and myofascial pain. It is reported the most recent urine drug screening (11-3-14) was within normal limits and that approximately 90% improvement in pain is reported with medications. Work status was noted as retired-medically. Previous treatment includes Percocet, Topiramate, Cymbalta, Pantoprazole Sodium DR (since at least 8-5-15), Topamax, Robaxin, Trazadone, and Lyrica. On 10-15-15, the requested treatment of Percocet 10-325mg, Pantoprazole Sodium DR 40mg, Robaxin 500mg, Trazadone 50mg was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Additionally, the quantity and dosing frequency are not specified. This was also noted in the UR determination that the request did not contain this information. Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Pantoprazole sodium DR 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Robaxin 500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is identification of analgesic benefit with the entire combination of medications the worker is taking. A progress note dated 9/30/15 indicates the patient has myospasm affecting the cervical spine. A review of previous notes from March 2015 onward do not indicate long term prescriptions of this muscle relaxant. Given that the patient is already on many other pain medications, it is appropriate to have Robaxin available prn as documented in the notes. Given this, the currently requested methocarbamol (Robaxin) is medically necessary.

Trazadone 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, 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) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for trazodone, this drug is a serotonin reuptake inhibitor and can be utilized for many indications. In the records, it is not apparent whether this drug is being utilized to address depression, pain, or insomnia. The California MTUS guidelines have general guidelines for the use of antidepressants for pain, but are silent regarding the use of trazodone for insomnia management. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further stipulate that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. There is a recommendation for non-pharmacologic modalities to address insomnia including education on sleep hygiene. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has response to the medication in question. Furthermore, there is long term prescription of trazodone since at least 3/15/15 without clear documentation of effect/benefit. Given this, the current request is not medically necessary.