

Case Number:	CM15-0224290		
Date Assigned:	11/20/2015	Date of Injury:	03/10/2010
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 60 year old female, who sustained an industrial injury on March 10, 2010. The injured worker was undergoing treatment for internal derangement of the left knee status post meniscectomy with grade III chondromalacia, carpal tunnel syndrome bilaterally status post decompression, chronic pain syndrome, CMC joint inflammation along the thumb line on the left, wrist joint inflammation on the right, discogenic cervical condition and right ankle sprain. According to progress note of September 29, 2015; the injured worker's chief complaint was neck, low back both hands, left knee and right ankle. The injured worker used a cane on the right side. The injured worker was developing right shoulder problems from using the cane. The objective findings were tenderness along the joint line at the base of the thumb with weakness to resisted function. The range of motion of the knee was 90 degrees flexion and 180 degrees extension. There was tenderness along the pillars of the wrists where the injured worker had carpal tunnel surgery. The neck flexion was 45 degrees and extension was 45 degrees with some discomfort. There was tenderness along the facet of the cervical spine. The Phalen's test was positive. The injured worker previously received the following treatments psychological services, left knee with 5 Hyalgan injections, Celebrex, Neurontin, right ankle brace, Lidoderm patches, Naproxen, Aciphex 20mg #30, Topamax 50mg #60 and Trazodone 50mg #60. The RFA (request for authorization) dated September 29, 2015; the following treatments were requested Aciphex 20mg #30, Topamax 50mg #60 and Trazodone 50mg #60. The UR (utilization review board) denied certification on October 15, 2015; for prescriptions for Aciphex 20mg #30, Topamax 50mg #60 and Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg quantity 30: 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 section, Proton pump inhibitors (PPIs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records from 9/29/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Aciphex is not medically necessary.

Topamax 50mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 21, Specific Anti-Epilepsy Drugs, Topiramate is indicated for neuropathic pain of central etiology and when other anticonvulsants fail. In this case, the exam note from 9/29/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. There is no documentation of failed first line anti-epilepsy drugs such as Neurontin. Therefore the request is not medically necessary.

Trazodone 50mg quantity 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter / Trazodone.

Decision rationale: The CA MTUS/ ACOEM guidelines are silent regarding trazodone. The ODG-TWC, mental illness and stress chapter recommends Trazodone as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. There is no evidence in the records from 9/23/15 of insomnia to warrant Trazodone. Therefore the prescription is not medically necessary.