

Case Number:	CM15-0039478		
Date Assigned:	04/09/2015	Date of Injury:	06/18/2009
Decision Date:	05/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on 6/18/09 from repetitive motion resulting in injury to the bilateral upper extremities and neck with resultant chronic pain syndrome. She currently complains of bilateral shoulder, elbow and hand pain, neck pain and headaches. In addition, she has nausea, back pain and depression from daily pain. Her pain intensity has increased (no numerical level) and the pain is constant and sharp. Medications are Therma Care heat wraps, gabapentin, Lidoderm 5% Patch, Zofran, Lactulose, Miralax, tizanidine, omeprazole, clonazepam, Oxycodone, Pamelor, Topamax, Zolof and Linzess. With medications her functional ability is improved resulting in improved quality of life and activities of daily living. She reports that with medications, her pain is 3/10 and without medications it is 7/10. Diagnoses include cervical disc disorder; elbow pain, bilateral medial and lateral epicondylitis; shoulder pain, status post left shoulder arthroscopy with subacromial decompression, rotator cuff repair, excision distal clavicle (12/19/13); right shoulder tendinitis, status post right shoulder arthroscopy (11/5/10, with persistent pain and disability; cervical radiculopathy; depression with anxiety; bilateral wrist and forearm myofascitis; bilateral carpal tunnel syndrome; bilateral cubital tunnel syndrome; cervical facet syndrome; chronic pain syndrome. Treatments to date include acupuncture, with benefit; Fluoro Gadolinium joint injection right shoulder (9/15/11) and medications. Diagnostics include electromyography/ nerve conduction study (11/11/13, 2/15/12, 3/15/10) mild abnormality; MRI cervical spine (10/22/13, 1/26/12)); MRI right sternoclavicular joint (10/1/13) mild abnormality; MRI right shoulder (5/14/13); MRI left shoulder (4/23/13); MRI right elbow (9/29/11) negative findings; MRI

bilateral clavicles (9/29/11) negative findings; MRI right shoulder (3/10/10). In the progress note dated 2/9/15 the treating provider's plan of care includes request for current medications to be refilled as they are providing better pain control, increased function and social well-being.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 30.

Decision rationale: According to the California MTUS Guidelines, without reference as to how the trazodone had previously been effective in reducing the injured workers symptoms in regard to either depression or her chronic pain, ongoing use cannot be supported. The most recent clinical documentation did not identify how this medication had specifically been effectively increasing her pain and improving her functionality. It was further noted that she had been previously directed to wean off her trazodone with no indication that she had been compliant with this recommendation. Therefore, the medication cannot be authorized at this time as the medical necessity has not been established.

Therma Care Heat Wraps Qty: 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat therapy.

Decision rationale: According to the Official Disability Guidelines, with the injured worker having been utilizing these wraps in the past with no indication as to how they had been significantly beneficial in reducing her symptoms and improving overall functionality, ongoing use cannot be supported. There is no indication in the clinical notes that the injured worker was unable to utilize home based methods of treatment to include warm compresses, warm bath or showers, and other cost effective means of applying heat to the affected area. Therefore, without having a more thorough rationale for the use of this treatment, the medical necessity has not been established.

Lidoderm 5% patch 700 mg/patch Qty: 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Because the California MTUS Guidelines indicate that the use of this medication is largely experimental in use with few randomized controlled trials identifying this as an effective method of treating chronic pain, ongoing use cannot be warranted. The injured worker had been utilizing Lidoderm patches with no evidence that this particular medication had been significantly effective in reducing her symptoms and improving her overall functionality. Additionally, refills are not commonly supported without evidence of functional improvement after interval reassessment to determine if ongoing use is substantiated. However, the request for Lidoderm 5% patches is not considered a medical necessity at this time.

Tizanidine HCL 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs Page(s): 66.

Decision rationale: Under the California MTUS Guidelines, muscle relaxants are only intended for short-term use in the case of flare-ups of muscle spasms. However, the most recent clinical documentation did not identify the injured worker is having any significant muscle spasticity to warrant ongoing use of this medication. Additionally, the prior use of this medication was not identified as having significantly reduced her symptoms to warrant ongoing use. There was indication that the injured worker should have already been completely weaned from the muscle relaxants as previously directed. Therefore, without having a more thorough rationale for ongoing use of this medication and without having significant findings of reduction of symptoms and improved functionality, the medical necessity has not been established.

Omeprazole 20mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: California Guidelines have stated that this type of medication is utilized for injured workers who have GI related issues while utilizing other prescribed medications. However, there was no statement as to the injured worker having any ongoing gastrointestinal complaints while utilizing any form of medication or as a standalone condition. Additionally, the most recent clinical documentation did not identify how this medication had been effective in reducing her symptoms or if it was still necessitated from any previous gastrointestinal related issues. Therefore, the medical necessity of the omeprazole has not been established.

Oxycodone HCL 15mg #240: Upheld

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

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

Decision rationale: Although the most recent clinical documentation indicated that the overall use of the injured worker's medications have reduced her pain level, the most recent urine drug screen provided for review noted inconsistencies in her medication had been detected on the urine drug screen with no recent or updated urine drug test provided for review. Long-term use of opioids is discouraged as injured workers can develop tolerance to the medication necessitating an increase in the medication use. Additionally, there was no evidence that the injured worker had provided a current signed pain contract or an updated pill count to confirm medication compliance. Lastly, there was no indication that this medication alone had been effective in reducing her overall symptoms and had improved her overall functionality to warrant ongoing use. Her previous request for oxycodone 15 mg with a total of 240 tablets had been partially certified for 90 to submit for mandated documentation, as well as to allow for titration off of the medication. However, there was no current statement that the physician had discussed weaning from this medication or supplied a tapering method to allow for adjustment onto a non-opioid form of treatment. Therefore, without meeting the guideline criteria for ongoing use of the opioid, the request is not considered medically necessary.

Clonazepam 0.25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not support long-term use of benzodiazepines and without having identification that this medication had been effectively reducing the injured worker's symptoms to allow for ongoing use, the requested service cannot be supported. Additionally, there was no indication that this medication had been prescribed for neurologic or psychological issues, which would not warrant continuation of use. There is also no evidence of a recent psychiatric evaluation to determine if continued use of the clonazepam is medically appropriate. Therefore, given the overall evidence for use of this medication, the medical necessity has not been established.

Miralax Powder Packet 17 gram #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines have indicated that prophylactic treatment of constipation should be initiated for injured workers utilizing opioids or other constipation inducing medications. However, the most recent clinical documentation did not identify any substantial evidence of the injured worker suffering from constipation related to medication use. There was also no statement that the prior use of the MiraLAX powder had reduced any symptoms related to constipation to warrant ongoing use. Therefore, the medical necessity of the MiraLAX powder packet has not been established.

Pamelor 25mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The California MTUS Guidelines have stated that tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. The most recent clinical documentation did not identify how this medication had been effective in reducing the injured worker's symptoms or if she continued to necessitate the use of anti-depressants for treatment of her chronic pain issues or any form of depressive symptoms. This medication is recommended for tapering as abrupt discontinuation is discouraged to avoid any adverse side effects. However, without reference to how this medication had been effective in reducing signs or symptoms related to depression or chronic pain, the medical necessity has not been established.

Topamax 50mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

Decision rationale: The California MTUS Guidelines have identified this medication has efficacious in treating neuropathic pain of central etiology. However, with the injured worker utilizing multiple medications, it is unclear as to how this medication had been effectively reducing any symptoms related to chronic neuropathic pain to warrant ongoing use. The most recent clinical documentation was from 03/2015 with no recent medical examination provided for review. Therefore, ongoing use of this medication cannot be considered medically appropriate. Therefore, the medical necessity has not been established.

Zoloft 100mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress Chapter, Sertraline (Zoloft®).

Decision rationale: The Official Disability Guidelines indicate that sertraline may be a first line treatment option for injured workers with major depressive disorder or PTSD. However, the most recent clinical documentation did not indicate that the injured worker had ongoing symptoms related to depression or PTSD to warrant ongoing use of Zoloft. The guidelines discourage abrupt discontinuation to support weaning or tapering over an established period of time to avoid any adverse side effects. However, with no further clinical documentations provided for review and with the most recent examination having been performed in 03/2015, ongoing use of this medication cannot be supported. As such, the medical necessity has not been established.

Gabapentin 300mg #90 with 3 refills: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, without having a current physical examination provided for review to determine if the injured worker continues to have significant painful neuropathy or generalized neuropathic pain, ongoing use of the gabapentin cannot be warranted. A prior determination for the use of this medication had been modified to allow for reassessment and determining if the efficacy of this medication supported continuation of use. However, with the injured worker utilizing multiple medications, it is unclear as to how the gabapentin alone had been effective in reducing her symptoms and improving her overall functionality. Therefore, the medical necessity has not been established at this time.

Zofran 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines Chapter Pain last updated 02/10/15.

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

Decision rationale: Under the Official Disability Guidelines, this medication is only intended for postoperative use and not for chronic opioid induced nausea or vomiting. In the case of the injured worker, there was no reference as to any recent surgical procedure having been performed to warrant the use of Zofran. Additionally, there was no evidence that this medication was necessary in treating any nausea related to the chronic opioid use. Therefore, without meeting the criteria for use of Zofran, the medical necessity has not been established.

Lactulose 10gm/15ml solution 10 gram/15ml #900 with 3 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines have indicated that prophylactic treatment of constipation should be initiated for injured workers utilizing opioids or other constipation inducing medications. However, the most recent clinical documentation did not identify any substantial evidence of the injured worker suffering from constipation related to medication use. There was also no statement that the prior use of the lactulose had reduced any symptoms related to constipation to warrant ongoing use. Therefore, the medical necessity of the lactulose has not been established.