MAXIMUS Federal Services

Case Number:	CM15-0042144		
Date Assigned:	03/12/2015	Date of Injury:	08/11/2011
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female who sustained an industrial injury 08/11/2011. She states she was pushed to the ground by a customer. She complained of right leg pain and neck pain. Treatment to date includes urine drug screen (07/24/2014) which was documented as appropriate for meds prescribed. Medication and treatment agreement was reviewed and signed 12/20/2014. Cervical and lumbar MRI reports are in the submitted records. Diagnoses were myofascial pain syndrome, chronic neck pain, right shoulder pain, and lumbago. She presented on 12/15/2014 with complaints of right shoulder pain. Tenderness was noted in the cervical area. She had been using medications for pain. The provider requested authorization for Celebrex, Tramadol, Gabapentin, Trazadone and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 MG #30 with 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 67 - 69.

Decision rationale: Per the MTUS, NSAIDs and COX-2 NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS which includes age greater than 65 years and a selection should be made based on this. A review of the injured workers medical records reveals that based on her age and her history of gastrointestinal distress with ibuprofen she is at increased risk for gastrointestinal events and the choice of a COX-2 NSAID is appropriate for her, therefore the request for Celebrex 100mg #30 with 3 refills is medically necessary.

Tramadol 50 MG #120 with 1 Refill: Overturned

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 (78).

Decision rationale: Per the MTUS, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal appropriate documentation as recommended by the guidelines and documentation of pain and functional improvement with the use of tramadol, therefore the continued use of tramadol is medically necessary.

Gabapentin 100 MG #90 with 2 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepilepsy drugs (AED's)) Page(s): 16-22.

Decision rationale: Per the MTUS, Gabapentin is considered a first-line treatment for neuropathic pain, It appears to be effective in reducing abnormal hypersensitivity, has anti-anxiety effects and may be beneficial as a sleep aid. A review of the injured workers medical records show documentation of improved pain and function with the use of Gabapentin and the request for Gabapentin 100mg #90 with 2 refills is medically necessary.

Trazodone 50 MG #60 with 5 Refills: Overturned

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 Illness & Stress / Tazodone (Desyrel).

Decision rationale: The MTUS /ACOEM did not specifically address the use of trazodone therefore other guidelines were consulted. Per the ODG, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. A review of the injured workers medical records show that she is taking trazodone for the treatment of pain-induced insomnia and has benefited from its use, therefore the request for trazodone 50mg # 60 with 5 refills is medically necessary.

Voltaren Gel 1 Percent #300 Gram: Overturned

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: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Voltaren gel 1% is recommended for the treatment of osteoarthritis pain in joints that lend themselves to topical treatment like the knee. A review of the injured workers medical records reveal documentation of improvement in pain and function

from the use of voltaren gel, therefore based on her clinical response the request for voltaren gel 1 % #300 gm is medically necessary.