

Case Number:	CM15-0082355		
Date Assigned:	05/04/2015	Date of Injury:	10/16/2008
Decision Date:	07/14/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/29/2015

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 60 year old female, who sustained an industrial injury on 10/16/2008. The mechanism of injury is not indicated. The injured worker was diagnosed as having carpal tunnel syndrome, complex regional pain syndrome, shoulder/hand syndrome, anxiety state, and depressive disorder. Treatment to date has included medications. The request is for Klonopin, Trazodone, Lyrica, and Protonix. On 3/5/2015, she complained of shoulder and arm pain, anxiety, depressive symptoms, and carpal tunnel symptoms. She indicates she is having severe upper extremity pain, and her anxiety is escalating. The treatment plan included: Trazodone, Klonopin, Lyrica, Protonix, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, Take 1 Tablet Twice Daily, With 3 Refills, Qty: 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: Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Given this guideline, the nature of this request is not appropriate. A request for a 1 month supply with 3 refills would constitute a 4 month supply. This is clearly in excess of the CPMTG, and the currently requested Klonopin (clonazepam) is not medically necessary.

Trazodone Tablets 50mg, Qty: 90 With 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 107-108. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Trazodone is an anti-depressant that is being utilized in this worker's case as a sleep medication. Regarding the request for this sleep medication, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Non-pharmacologic techniques such as sleep hygiene education or recommended first line prior to pharmacologic therapies. Within the documentation available for review, there is documentation of sleep disturbance. Notes indicate the insomnia is secondary to pain and depression. It appears the patient has been on this sleep agent for some time, but the clinical efficacy of this sleep agent is not clearly documented. Given this, this request is not medically necessary.

Lyrica (Pregabalin) 50mg Capsules, Qty: 90 With 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no

identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Although a diagnosis of reflex sympathetic dystrophy would make this worker an appropriate candidate for Lyrica and other AEDs, there must be documentation for continuation to take place, and especially for a multiple month supply. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.

Protonix Tabs 40mg Qty: 60 With 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68-69.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine 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)." In the case of this injured worker, there is documentation of medication induced gastritis and a history of GERD in several notes. In fact, the patient has difficulty sleeping in part due to GERD. GERD is an approved indication for a proton pump inhibitor. Therefore, this medication is medically necessary in this case.