

Case Number:	CM15-0089562		
Date Assigned:	05/13/2015	Date of Injury:	04/16/1997
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 was a 49-year-old female, who sustained an industrial injury, April 16, 1997. The injury was sustained when the injured worker was sitting in a chair and reached down to pick three folders from the floor. The injured worker heard and felt two pops in the low back. The injured worker previously received the following treatments aquatic therapy, physical therapy, spinal cord stimulator, Bextra, Vicodin, Lexapro, Topamax, Levoxyl, Dilaudid, Demerol, OxyContin, Cyclobenzaprine, Topamax, Celexa, Restoril, Trazodone, Prilosec, Prograf, CellCept, Keppra, Lasix, Fish oil, Magnesium, Docusate, Neurontin, anti-rejection medications for a liver transplant, random toxicology laboratory studies and pain specialist. The injured worker was diagnosed with liver transplant, chronic pain with physical and emotional dysfunction, depression, anxiety and sleep dysfunction, lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy right greater than the left, spinal cord stimulator and medication induced gastritis. According to progress note of April 20, 2015, the injured workers chief complaint was back pain with radicular symptoms, for which the injured worker required a spinal cord stimulator. The spinal cord stimulator provided 40% pain relief as well as increased the injured worker's activity level; however, the injured worker was unable to function without the rest of the medical regimen. The injured worker had been taking Dilaudid and Demerol for years, without these medications, the injured worker was unable to function effectively to perform activities of daily living. The medication management Dilaudid combined with Demerol as needed, depending on pain level. Topamax was being use for neuropathic radicular pain. The Celexa was for the injured worker's anxiety. The trazodone was being used to assist

with the injured worker's ability to sleep. The physical exam noted tenderness with palpation on the posterior lumbar musculature bilaterally and increased muscle rigidity. The injured worker had decreased range of motion. The injured worker had the ability to bend forward to the level of the knee and extension was limited to 10 degrees; the injured worker had pain with both maneuvers. Straight leg raises were completed from a seated position and was positive at about 45 degrees bilaterally. There was decreased sensation to pin prick along the posterior lateral thigh and lateral calf bilaterally. There was decreased motor strength with dorsiflexion of the right foot and ankle and extension of the great toe when compared to the left. The treatment plan included prescriptions for Prilosec, Demerol, Dilaudid, Trazadone and Celexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Prilosec 20mg # 120 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

Demerol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Demerol 50 mg #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, requested medication is not medically necessary.

Dilaudid 4mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Dilaudid 4 mg #180 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, requested medication is not medically necessary.

Trazadone 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: Trazodone 50mg #90. Ca MTUS page 13-14 states that antidepressants for chronic pain as recommended as first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effects take longer to occur. Assessment of treatment efficacy should include not only pain outcomes but also in evaluation of function, changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects include excessive sedation (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. (Perrot, 2006) (Schnitzer, 2004) (Lin-JAMA, 2003) (Salerno, 2002) (Moulin, 2001) (Fishbain, 2000) (Taylor, 2004) (Gijssman, 2004) (Jick-JAMA, 2004) (Barbui, 2004) (Asnis, 2004) (Stein, 2003) (Pollack, 2003) (Ticknor, 2004) (Staiger, 2003) Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. The medical records did not document treatment efficacy including pain outcome, function, changes in medication, sleep quality and duration or even provide a true psychological assessment. Given

the lack of positive response to the medication as the patient continued to display psychogenic pain as well as permanent disability, Trazodone is not medically necessary.

Celexa 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: Celexa 40mg #30 is not medically necessary. Ca MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Celexa is a selective serotonin reuptake inhibitor. Per Ca MTUS SSRIs is a class of antidepressants that inhibit serotonin reuptake without action on noradrenalin. The class of antidepressants is controversial based on controlled trials. It is been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was not documentation that the enrollee failed Tricyclics which is recommended by Ca MTUS as first line therapy. This request is not medically necessary.