

Case Number:	CM14-0164006		
Date Assigned:	10/09/2014	Date of Injury:	08/19/2008
Decision Date:	11/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68 year old woman with a date of injury of 8/19/08. She was seen by her pain management provider and her primary treating physician on 9/17/14 and was noted to have no new complaints and no seizures. Her low back pain was stable with mild tenderness on exam. Her medications included trileptal, Zoloft, Lidoderm patch, Dexilant, Amrix, voltaren gel, Inderal, Neurontin and trazodone. Her diagnoses were seizure disorder, status post head concussion and occipital neuralgia as well as lumbar degenerative disc disease. Her treatment plan was to reduce the Neurontin to 600mg TID. At issue in this review is the request for authorization of trazodone, gabapentin and Zoloft. (Length of prior therapy is not documented in either note).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Trazodone is an anti-depressant and is a serotonin antagonist and reuptake inhibitor. Anti-depressants can be used as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched per the MTUS. In this case, it is not clear from the records if it is being prescribed for depression, difficulty sleeping or pain. There is no documentation of a discussion of side effects or efficacy. The records do not support medical necessity for trazodone.

Gabapentin 600mg, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic back and seizures with mild tenderness noted on physical examination. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify ongoing use. The notes also do not document whether it is used for pain or seizures. The medical necessity of gabapentin is not substantiated in the notes.

Zoloft 100mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, Online Edition Chapter: Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. This injured worker is prescribed Zoloft but the indication is not specified in the notes nor is a discussion of efficacy to support medical necessity and continued prescription of this medication.