

Case Number:	CM14-0176792		
Date Assigned:	10/30/2014	Date of Injury:	07/30/2010
Decision Date:	12/08/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Orthopedic Surgery, is Spine Fellowship Trained, and is licensed to practice in California. 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:

According to the records made available for review, this is a 56-year-old female with a 7/30/10 date of injury, and status post left sacroiliac joint fusion 6/12/13. At the time (10/24/14) of request for authorization for Trazodone 100mg tab #30 Refills: 3, Percocet 10-325mg tab #150, and Vimovo 372-20mg tab #150, there is documentation of subjective (significant pain in the left buttock, pain in the left hip and leg) and objective (procedure site healing well, no discoloration, warmth, discharge) findings, current diagnoses (L4 and L5-S1 disc degeneration, facet arthropathy L4-5 and L5-S1, left sacroiliac joint dysfunction, greater trochanteric bursitis, and status post left sacroiliac joint fusion 6/12/13), and treatment to date (physical therapy, sacroiliac injection, facet blocks, and medications (including ongoing use of Vimovo, Percocet, and trazodone since at least 10/13)). 10/14/14 medical report identifies an opioid contract. In addition, 9/16/14 medical report identifies that medications work well and reduce pain from 10/10 to 5/10 in intensity and increase function. Regarding the requested Trazodone 100mg tab #30 Refills: 3, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Trazodone use to date. Regarding the requested Percocet 10-325mg tab #150, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Percocet use to date. Regarding the requested Vimovo 372-20mg tab #150, there is no documentation of risk for gastrointestinal event, that esomeprazole magnesium is being used as a second-line, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Vimovo use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg tab #30 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 72, 82-8. Decision based on Non-MTUS Citation ODG, Formulary; Other Literature www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of L4 and L5-S1 disc degeneration, facet arthropathy L4-5 and L5-S1, left sacroiliac joint dysfunction, greater trochanteric bursitis, and status post left sacroiliac joint fusion 6/12/13. In addition, there is documentation of chronic pain. However, despite documentation that medications work well and reduce pain from 10/10 to 5/10 in intensity and increase function, there is no documentation of a specific, measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Trazodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Trazodone 100mg tab #30 Refills: 3 is not medically necessary.

Percocet 10-325mg tab #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of L4 and L5-S1 disc degeneration, facet arthropathy L4-5 and L5-S1, left sacroiliac joint dysfunction, greater trochanteric bursitis, and status post left sacroiliac joint fusion 6/12/13. In addition, given documentation of an opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that medications work well and reduce pain from 10/10 to 5/10 in intensity and increase function, there is no documentation of a specific, measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10-325mg tab #150 is not medically necessary.

Vimovo 372-20mg tab #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug)s; NSAIDs, GI symptoms & cardiovascular risk Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; www.pdr.net

Decision rationale: Medical Treatment Guidelines identifies that Vimovo is a combination of esomeprazole magnesium, and naproxen. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Nexium (esomeprazole magnesium) is being used as a second-line, as criteria necessary to support the medical necessity of Nexium (esomeprazole magnesium). Within the medical information available for review, there is documentation of diagnoses of L4 and L5-S1 disc degeneration, facet arthropathy L4-5 and L5-S1, left sacroiliac joint dysfunction, greater trochanteric bursitis, and status post left sacroiliac joint fusion 6/12/13. In addition, there is documentation of chronic pain. However, there is no documentation of risk for gastrointestinal event and that esomeprazole magnesium is being used as a second-line. In addition, despite documentation that medications work well and reduce pain from 10/10 to 5/10

in intensity and increase function, there is no documentation of a specific, measured functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Vimovo use to date. Therefore, based on guidelines and a review of the evidence, the request for Vimovo 372-20mg tab #150 is not medically necessary.