

Case Number:	CM14-0183123		
Date Assigned:	11/10/2014	Date of Injury:	09/07/2012
Decision Date:	12/16/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 36-year-old male who sustained a remote industrial injury on 9/7/12 diagnosed with disorders of bursae and tendons in shoulder region, unspecified and cervicgia. Mechanism of injury occurred when she was assisting a patient who was getting into a taxi, and the cab rolled backward and struck her right shoulder and arm. The patient's previous treatments include acupuncture, multiple medications, and physical therapy. The request for Methoderm ointment, Trazodone, and Omeprazole was non-certified per utilization review. Methoderm ointment was non-certified, as there was no documentation of failed first-line therapy of antidepressants and anticonvulsants. Trazodone was non-certified due to insufficient documentation of other treatments for depression and insomnia. Omeprazole was non-certified due to lack of documented gastrointestinal distress symptoms. The most recent progress note provided is 11/12/14, which is essentially unchanged from progress note dated 9/11/14. Patient complains primarily of pain in the neck, upper back, right shoulder, elbow and hand. She rates her pain as 9/10 on pain scale, but 5/10 with medications; her average pain level is 8/10. The patient states her pain has been worsening since the injury. The patient complains of being depressed. It is noted that the patient avoids going to work, physically exercising, and performing activities of daily living due to pain. Physical exam findings reveal tenderness to palpation over her right neck. Spurling's maneuver is positive on the right. The patient had tenderness to palpation of the right shoulder and positive crossed arm adduction test. Motor strength, sensory, and deep tendon reflexes were normal. Current medications include: Naproxen, Omeprazole, Trazodone, Methoderm topical analgesic lotion, and tramadol. It is noted that Omeprazole was dispensed to decrease the risk of stomach upset and irritation; Trazodone was dispensed for sleep problems; Methoderm topical analgesic lotion was prescribed for neuropathic pain. Provided documents

include multiple progress notes over the last eight months. Urine drug screen dated 4/11/14 was negative for all medications, including Tramadol, which was inconsistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective: Mentherm Oint (menthol/methyl salicylate) 120gm 240ml ; DOS: 09/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to Official Disability guidelines regarding Trazodone, states, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." Documentation identifies Trazodone was previously non-certified due to insufficient documentation of failed other treatments for depression and insomnia. The medical records documents that the patient was prescribed Trazodone for sleep and does have reports of depression. However, documentation does not describe benefit with ongoing use of Trazodone furthermore; the request does not provide the duration/frequency of use. Thus, the requested Trazodone (Desyrel) 50mg #60; DOS: 09/11/14 is not medically necessary and appropriate.

retrospective: Trazadone (Desyrel) 50mg #60 ; DOS: 09/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

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 and Stress, Trazodone (Desyrel)

Decision rationale: According to Official Disability guidelines regarding Trazodone, states, "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." Documentation identifies Trazodone was previously non-certified due to insufficient documentation of failed other treatments for depression and insomnia. The medical records documents that the patient was prescribed Trazodone for sleep and does have reports of depression. However, documentation does not describe benefit with ongoing use of TrazodoneFurthermore, the request does not provide the duration/frequency of use. Thus, the requested Trazodone (Desyrel) 50mg #60 ; DOS: 09/11/14 is non-certified.

retrospective: Omeprazole (Prilosec) 20mg #60 DOS: 09/11/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines regarding proton pump inhibitors, states: "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)." Documentation identifies Omeprazole was previously non-certified due to lack of documented gastrointestinal distress symptoms. This is appropriate, as documentation identifies the patient was prescribed Omeprazole for preventative measures, but does not describe the patient having stomach upset with use of medications. Moreover, the frequency/duration of use is not specified. Therefore, the requested Omeprazole (Prilosec) 20mg #60 DOS: 09/11/14 is not medically necessary and appropriate.