

Case Number:	CM14-0099563		
Date Assigned:	07/28/2014	Date of Injury:	10/26/2001
Decision Date:	10/20/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

The injured worker is a 66 year old female injured on October 26, 2001. Clinical note dated, May 1, 2014, indicate the injured worker complains of low back and bilateral knee pain. Pain is rated 3/10. Pain radiates to the right leg. The injured worker states the medications are working well. The injured worker reports pain in right knee has increased. Medications at this time included Voltaren 75mg, Cymbalta 60 mg twice daily, Kadian 30mg twice daily, and trazadone 50mg every evening. Physical exam of right knee revealed mild swelling along lateral joint line, tenderness to palpation over the lateral joint line and patella, McMurray's Test is negative. Gait antalgic with right sided lean and pelvis is shifted to the right. Physical exam of lower back reveals pain on palpation over the lumbar facets, extension 15 degrees and painful, bilateral rotation is 35 degrees and side bending is 35 degrees to right and 30 degrees to the left. Bilateral rotation and side bending is normal. Positive Kemp maneuver but pain has improved. Straight leg raise is negative for leg and back pain. Diagnoses include intervertebral disc disorders, spinal stenosis of the lumbar region, and lumbago. The treating physician states the injured worker demonstrates increased activity and functionality on opiate therapy. The requests for trazadone 50mg, qty 30, Voltaren 75mg, qty 30, and Topamax 50mg, qty 30, were denied in previous utilization review dated June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg, qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, there is no documentation of depression or anxiety. There is no evidence of significant improvement in sleep with continuous use of this medication. ODG indicates there is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. Proper sleep hygiene is critical to the individual with chronic pain which has not been addressed. Thus, the request for Trazodone is not medically necessary and appropriate.

Voltaren 75mg, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or functionality with continuous use. In the absence of objective functional improvement, the medical necessity for Voltaren has not been established.

Topamax 50mg, qty 30: 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): 21.

Decision rationale: As per CA MTUS guidelines, Topamax, antiepileptic drug, has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, there is no documentation of significant reduction in pain level (i.e. VAS) or objective

functional improvement with the use of this medication. There is no evidence of first line therapy. Thus, the request for Topamax is not medically necessary.