

Case Number:	CM14-0197269		
Date Assigned:	12/05/2014	Date of Injury:	08/28/2001
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 49 year old female with an injury date of 08/28/01. Based on the 08/05/14 progress report provided by treating physician, the patient complains of low back and right shoulder pain rated 4/10 with and 8/10 without medications. Patient has a slow gait. Physical examination to the right shoulder revealed positive impingement sign and tender points. Examination of the lumbar spine revealed spasm and positive straight leg raise test. Patient's medications included Norco, Celebrex, Trazodone, Vitamin D3, Neurontin, Omeprazole and Savella; and reports no side effects, per treater report dated 08/05/14. Laboratory report dated 09/09/14 showed results consistent with prescribed medications. Norco has been prescribed in progress reports dated 03/12/13, 08/05/14 and 10/21/14. Per progress report dated 11/25/14, treater states "Celebrex has been helping as an anti-inflammatory medication so that the patient would not take so much narcotic medication." Celebrex was prescribed in progress reports dated 03/12/13, 08/05/14 and 11/24/14. Per progress report dated 11/25/14, Celebrex and Trazodone are prescribed "to help her sleep, her chronic pain, and fibromyalgia..." Trazodone has been prescribed in progress reports dated 03/12/13, 08/05/14 and 11/24/14. Vitamin D prescribed in progress reports dated 08/05/14 and 10/21/14. Neurontin has been prescribed in progress reports dated 03/12/13, 08/05/14 and 11/24/14. Per progress report dated 11/25/14, patient reports pain at 7/10 with and 10/10 without medications. Patient is working full time. Progress reports were handwritten and difficult to interpret. Diagnosis 03/12/13, 03/11/14, 08/05/14- GERD- chronic low back pain with radiculopathy- fibromyalgiaThe utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 01/08/13 - 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with low back and right shoulder pain rated 4/10 with and 8/10 without medications on 08/05/14. The request is for 1 prescription of Norco 10/325MG. Patient's diagnosis on 03/12/13, 03/11/14, and 08/05/14 included GERD, chronic low back pain with radiculopathy, and fibromyalgia. Patient reports pain at 7/10 with and 10/10 without medications on 11/25/14. Patient's medications included Norco, Celebrex, Trazodone, Vitamin D3, Neurontin, Omeprazole and Savella; and reports no side effects, per treater report dated 08/05/14. Laboratory report dated 09/09/14 showed results consistent with prescribed medications. Norco has been prescribed in progress reports dated 03/12/13, 08/05/14 and 10/21/14. Patient is working full time. Progress reports were handwritten and difficult to interpret. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. UDS submitted, however No CURES or opioid pain contract mentioned. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

1 prescription of Celebrex 200mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient presents with low back and right shoulder pain rated 4/10 with and 8/10 without medications on 08/05/14. The request is for 1 prescription of Celebrex 200mg. Patient's diagnosis on 03/12/13, 03/11/14, and 08/05/14 included GERD, chronic low back pain with radiculopathy, and fibromyalgia. Patient's medications included Norco, Celebrex, Trazodone, Vitamin D3, Neurontin, Omeprazole and Savella; and reports no side effects, per treater report dated 08/05/14. Progress reports were handwritten and difficult to interpret. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not

for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 11/25/14, treater states "Celebrex has been helping as an anti-inflammatory medication so that the patient would not take so much narcotic medication." Per progress report dated 11/25/14, Celebrex and Trazodone are prescribed "to help her sleep, her chronic pain, and fibromyalgia..." Celebrex was prescribed in progress reports dated 03/12/13, 08/05/14 and 11/24/14. Patient reports pain at 7/10 with and 10/10 without medications on 11/25/14; and pain rated 4/10 with and 8/10 without medications on 08/05/14. Though pain rating appears to have increased, medications still decrease pain 3 points. The patient is still working full time, and has a diagnosis of GERD, for which Celebrex is indicated. Given patient's benefit and guideline support, the request IS medically necessary.

1 prescription of Trazodone 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia has the following regarding Amitriptyline

Decision rationale: The patient presents with low back and right shoulder pain rated 4/10 with and 8/10 without medications. The request is for 1 prescription of Trazodone 100mg. Patient's diagnosis on 03/12/13, 03/11/14, and 08/05/14 included GERD, chronic low back pain with radiculopathy, and fibromyalgia. Laboratory report dated 09/09/14 showed results consistent with prescribed medications. Trazodone has been prescribed in progress reports dated 03/12/13, 08/05/14 and 11/24/14. Progress reports were handwritten and difficult to interpret. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." Per progress report dated 11/25/14, Celebrex and Trazodone are prescribed "to help her sleep, her chronic pain, and fibromyalgia..." Patient's medications included Norco, Celebrex, Trazodone, Vitamin D3, Neurontin, Omeprazole and Savella; and reports no side effects, per treater report dated 08/05/14. Patient reports pain at 7/10 with and 10/10 without medications on 11/25/14; and pain rated 4/10 with and 8/10 without medications on 08/05/14. Though pain rating appears to have increased, medications still decrease pain 3 points. The patient is still working full time, and treater has documented that

patient has trouble sleeping, for which Trazodone is indicated. Given guideline support, the request appears reasonable, therefore it IS medically necessary.

Unknown prescription of Vitamin D3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

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

Decision rationale: The patient presents with low back and right shoulder pain rated 4/10 with and 8/10 without medications. The request is for unknown prescription of vitamin D3. Patient's diagnosis on 03/12/13, 03/11/14, and 08/05/14 included GERD, chronic low back pain with radiculopathy, and fibromyalgia. Patient reports pain at 7/10 with and 10/10 without medications on 11/25/14. Patient's medications included Norco, Celebrex, Trazodone, Vitamin D3, Neurontin, Omeprazole and Savella; and reports no side effects, per treater report dated 08/05/14. Laboratory report dated 09/09/14 showed results consistent with prescribed medications. Patient is working full time. Progress reports were handwritten and difficult to interpret. Regarding Vitamin D, ODG recommends consideration in chronic pain patients and supplementation if necessary. "Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels. (McBeth, 2010) Inadequate vitamin D may represent an under-recognized source of nociception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level." Treater has not provided reason for the request. Vitamin D was prescribed in progress reports dated 08/05/14 and 10/21/14. In this case, there is no documentation of Vitamin D laboratory level to show deficiency and the need for supplement. Therefore the requested vitamin D3 IS NOT medically necessary.

1 prescription of Neurontin 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Medications for chronic pain Page(s): 18, 19, 60, 61.

Decision rationale: The patient presents with low back and right shoulder pain rated 4/10 with and 8/10 without medications. The request is for 1 prescription of Neurontin 600mg. Patient's diagnosis on 03/12/13, 03/11/14, and 08/05/14 included GERD, chronic low back pain with radiculopathy, and fibromyalgia. Patient reports pain at 7/10 with and 10/10 without medications on 11/25/14. Patient's medications included Norco, Celebrex, Trazodone, Vitamin D3,

Neurontin, Omeprazole and Savella; and reports no side effects, per treater report dated 08/05/14. Laboratory report dated 09/09/14 showed results consistent with prescribed medications. Neurontin has been prescribed in progress reports dated 03/12/13, 08/05/14 and 11/24/14. Patient is working full time. Progress reports were handwritten and difficult to interpret. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Patient's medications included Norco, Celebrex, Trazodone, Vitamin D3, Neurontin, Omeprazole and Savella; and reports no side effects, per treater report dated 08/05/14. Patient reports pain at 7/10 with and 10/10 without medications on 11/25/14; and pain rated 4/10 with and 8/10 without medications on 08/05/14. Though pain rating appears to have increased, medications still decrease pain 3 points. The patient is still working full time, and has a diagnosis of chronic low back pain with radiculopathy and fibromyalgia, for which Neurontin is indicated. Given guideline support, the request IS medically necessary.