

<b>Case Number:</b>	CM14-0217649		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51 year old female who was injured at work on 11/01/2007. She is reported to be complaining of headaches of 9/10 that come in attacks. She has 2-3 migrainous headaches every week. The headache is associated with difficulty looking at the light, and prodrome. It presents as throbbing headaches on both sides of the front of her head. and wraps around the back of her head. The physical examination revealed normal range of motion of the cervical spine, tenderness to the base of the head. The worker has been diagnosed of Chronic neck pain and bilateral upper extremity pain, right C5/C6 Radicular pain, disc herniation at C4-C5 and C5-C6; S/P Left C4-C5 and C5-C6 facet injections; right CMC joint arthritis surgery. Treatments have included Botox injections, Neurotonin, Nexium, Prozac, and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg # 90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17.

**Decision rationale:** The injured worker sustained a work related injury on 11/01/2007. The medical records provided indicate the diagnosis of Chronic neck pain and bilateral upper extremity pain, right C5/C6 Radicular pain, disc herniation at C4-C5 and C5-C6; S/P Left C4-C5 and C5-C6 facet injections; right CMC joint arthritis surgery. Treatments have included Botox injections, Neurotonin, Nexium, Prozac, and Trazodone. The medical records provided for review do not indicate a medical necessity for Neurontin 300mg # 90 with 2 refills. The records indicate she had a supply of 270 tablets during her visit with the provider in 08/2014. At that time the pain ranged from 6-8/10. However, during the follow up visit in 11/2014, the pain had increased to 9/10. The MTUS recommends discontinuing or replacing or adding another anticonvulsants to the treatment, if an individual is being treated with an anti-epileptic or anti-convulsants for chronic Neuropathic pain and there is less than 30% east 30% benefit. Therefore, the requested treatment is not medically necessary and appropriate.

**Nexium 40mg # 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** The injured worker sustained a work related injury on 11/01/2007. The medical records provided indicate the diagnosis of Chronic neck pain and bilateral upper extremity pain, right C5/C6 Radicular pain, disc herniation at C4-C5 and C5-C6; S/P Left C4-C5 and C5-C6 facet injections; right CMC joint arthritis surgery. Treatments have included Botox injections, Neurotonin, Nexium, Prozac, and Trazodone. The medical records provided for review do not indicate a medical necessity for Nexium 40mg # 60 with 2 refills. The MTUS recommends the proton pump inhibitors for the individual at gastrointestinal risk who is being treated with NSAIDs. Such individuals include: those above 65 years; history of peptic ulcer, Gastrointestinal bleeding or perforation; concurrent use of Aspirin, corticosteroids, and anticoagulant; (4) high dose/multiple NSAID. The record indicates she may be experincing upper abdominal dicomfort due to either Prozac or Trazodone. The requested treatment is not medically necessary and appropriate since the guideline does not recommend the use of proton inhibitors for either of these conditions, besides the stated medications are not medically necessary and appropriate.

**Trazadone 100mg # 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-24. 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 Mental Illness & Stress

**Decision rationale:** The injured worker sustained a work related injury on 11/01/2007. The medical records provided indicate the diagnosis of Chronic neck pain and bilateral upper extremity pain, right C5/C6 Radicular pain, disc herniation at C4-C5 and C5-C6; S/P Left C4-C5 and C5-C6 facet injections; right CMC joint arthritis surgery. Treatments have included Botox injections, Neurotonin, Nexium, Prozac, and Trazodone. The medical records provided for review do not indicate a medical necessity for Trazadone 100mg # 60 with 2 refills. The only recommended use of Trazodone in the Official Disability Guidelines is for treatment of insomnia in an individual with mild psychiatric symptoms such as depression or anxiety. Since the injured worker has not been diagnosed of insomnia with Depression or anxiety, the requested treatment is not medically necessary and appropriate.

**Prozac 20mg # 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

**Decision rationale:** The injured worker sustained a work related injury on 11/01/2007. The medical records provided indicate the diagnosis of Chronic neck pain and bilateral upper extremity pain, right C5/C6 Radicular pain, disc herniation at C4-C5 and C5-C6; S/P Left C4-C5 and C5-C6 facet injections; right CMC joint arthritis surgery. Treatments have included Botox injections, Neurotonin, Nexium, Prozac, and Trazodone. The medical records provided for review do not indicate a medical necessity for Prozac 20mg # 60 with 2 refills. Although the MTUS recommends the antidepressants as first line option for neuropathic pain, and as a possibility for non-neuropathic pain, the guideline does not recommend the selective serotonin reuptake inhibitors (SSRI) antidepressants, like Fluoxetine (Prozac), due to controversial results in controlled trials. Therefore, the requested treatment is not medically necessary and appropriate.