

Case Number:	CM15-0016595		
Date Assigned:	02/05/2015	Date of Injury:	09/28/2011
Decision Date:	05/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/28/2015

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: New York

Certification(s)/Specialty: Internal 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 39-year-old female who sustained a work related injury on September 28, 2011, after injuring her back in an industrial accident. Treatments consisted of pain medications, lumbar steroid epidural injections, facet blocks and physical therapy. Diagnoses included cervical facet syndrome, lumbar facet syndrome, cervical radiculopathy, lumbar radiculopathy, disc disorder, cervical and lumbar spinal degenerative disc disease, and epicondylitis. Currently, on October 27, 2014, the injured worker complained of pain in the neck radiating into both arms. She also complained of nausea, abnormal gait, back pain, muscle spasms, numbness and tingling. On December 24, 2014, a request for prescriptions for Trazadone 100 mg; Gabapentin 10mg, #90; Ibuprofen 800mg, #120; Omeprazole 20mg, #60 and Oxycodone 10/325mg, #120 were non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Chronic pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Neuropathic Pain, Non-Neuropathic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13- 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. ODG recommends that Trazodone may be used as an option for treating insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Documentation shows that the injured worker is already receiving pain medications for chronic pain and there is no demonstration of coexisting diagnosis that fits the criteria for the ongoing use of Trazodone. The request for Trazadone 100 mg is not medically necessary per guidelines.

Gabapentin 10MG, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. The injured worker complains of persistent neck and bilateral elbow pain. Documentation fails to show evidence of diagnoses or objective findings on physical examination, to support that the injured worker's condition meets criteria for use of anti-epileptic drugs. The request for Gabapentin 10MG, Qty 90 is not medically necessary.

Ibuprofen 800MG, Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis(including knee and hip), Back Pain, Neuropathic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation. With MTUS guidelines not being met, the request for Ibuprofen 800MG, Qty 120 is not medically necessary.

Omeprazole 20MG, Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of Omeprazole. The request for Omeprazole 20MG, Qty 120 is not medically necessary.

Oxycodone 10/325MG Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids. Decision based on Non-MTUS Citation California Medical Board Guidelines for Prescribing Controlled Substances for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation demonstrates a recent urine drug screen, supporting evidence that the injured worker reports some improvement in pain and function with current medication, no side effects and exhibits no aberrant or nonadherent drug-related behaviors. With the demonstration of satisfactory response to treatment, the request for Oxycodone 10/325MG Qty 120 is medically necessary by MTUS.