

Case Number:	CM15-0115395		
Date Assigned:	06/23/2015	Date of Injury:	05/18/2010
Decision Date:	09/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: California
 Certification(s)/Specialty: Emergency 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 male, who sustained an industrial injury on 5/18/10. He reported initial complaints of neck and bilateral arm/wrist pain. The injured worker was diagnosed as having neuralgia/neuritis NOS; carpal tunnel syndrome; status post right wrist arthroscopy for sacpulolunate ligament/TFC tear and medial nerve due to carpal tunnel release; shoulder pain right; Factor V; cervical HNP without myelopathy; wrist injury. Treatment to date has included status post bilateral carpal tunnel release with repair of triangular fibrocartilage tear (TFC); physical therapy; splinting; psychiatry sessions; urine drug screening; medications. Diagnostics included x-rays cervical spine. Currently, the PR-2 notes dated 4/15/15 indicated the injured worker presents for a follow-up visit. He wants to change medications (asking for Opana) and medications refill. The pain is described as being located in the right arm and left arm and bilateral wrists, right elbow and left elbow. Since his last visit he started on new medications (Zanaflex-which he was doing well and LidoRx cream which provided no relief). Current medications are listed as: Gabapentin, and Zanaflex. He describes his pain as a full ache (constant) and a sharp pain (with certain activities). The pain rate while on medications is reported as a 10 but he reports he is more functional with the medications. His symptoms are associated with numbness and tingling (bilateral hands), weakness with decreased strength in the bilateral arms and hands, swelling in joints and other mood changes. The provider is requesting authorization for Citalopram Hydrobromido 40mg #30 with 2 refills; Gabapentin 600mg #270; Metformin HCL 500mg #90 with 2 refills; Opana ER 10mg #60; Trazadone HCL 50mg #90; Tribenzor 40/10/12.5mg #30 with 2 refills and Zanaflex 4mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is inadequate documentation of adequate pain reduction for continued use. The records also do not reveal functional improvement or screening measures as required. As such, the request is not medically necessary.

Trazadone HCL 50mg #90: Upheld

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

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

Decision rationale: The request is for the use of the medication trazodone. This is a medication in the category of a serotonin agonist and reuptake inhibitor and is used for depression. It also has anxiolytic and sedative hypnotic effects. The MTUS guidelines are silent regarding its use. The ODG guidelines state that this medication is indicated as an option for insomnia for patients with coexisting depression or anxiety. Its use as a first-line treatment for primary insomnia is not advised. Evidence for the off-label use of trazodone for treatment of insomnia is poor. The current recommendation is to use a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. In this case, there is inadequate documentation of a psychiatric evaluation revealing comorbid factors which would qualify the patient for use of trazodone as a first-line agent. As such, the request is not medically necessary.

Zanaflex 4mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate qualifying evidence and prolonged duration of use, the request is not medically necessary. All muscle relaxant medications should be titrated down slowly to prevent an acute withdrawal syndrome.

Tribenzor 40/10/12.5mg #30 with 2 refills: Overturned

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

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

Decision rationale: The request is for an antihypertensive medication. The MTUS guidelines are silent regarding this topic. The ODG states the following: Recommended medication step therapy for hypertension: After Lifestyle (diet & exercise) modifications (1) First line, 1st choice -Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace)-Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) (2) First line, 2nd addition-Calcium channel blockers: Amlodipine (Norvasc); Nifedipine (Procardia) (3) First line, 3rd addition-Thiazide diuretic-Hydrochlorothiazide (HCTZ) (4) First line, 4th addition-Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal) (5) Second line: Aldosterone receptor blockers: Spironolactone (Aldactone)-Direct renin inhibitor: Aliskiren (Tekturna)-Selective α_1 -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin)-Central α_2 agonists: Clonidine (Catapres)-Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten) (Suh, 2009) (Handelsman, 2011) In this case, the recommended therapy is reasonable. Blood pressure control is essential especially in diabetics in order to prevent known complications. As such, the request is medically necessary.

Metformin HCL 500mg #90 with 2 refills: Overturned

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

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

Decision rationale: The request is for the medication Metformin. This is usually used in diabetics for blood sugar control. The ODG states the following regarding this topic: Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is also effective as monotherapy and in combination with other anti-diabetic agents, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and pramlintide. It can also be used in combination with insulin. Because of its relatively short duration of action, it is usually administered 2 to 3 times daily and is best tolerated if taken with meals. A long-acting, once-daily formulation is also available. The maximal recommended dosage is 2,500 mg daily, although little additional benefit is seen with dosages exceeding 2,000 mg daily. When used as monotherapy, metformin has a very low risk of hypoglycemia. When metformin is used in combination with an insulin secretagogue or insulin, however, hypoglycemia may occur. (Rodbard, 2009) Evidence supports metformin as a first-line agent to treat type 2 diabetes. Researchers found that the older diabetes drug metformin is just as good, if not better, than newer classes of medications. In this case, the use of this medication is indicated. As stated above, it is advised as first-line treatment for type 2 diabetics and is safe and effective for use. As such, the request is medically necessary.

Citalopram hydrobromide 40mg #30 with 2 refills: Overturned

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

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, Antidepressants-SSRI's versus tricyclics (class).

Decision rationale: The request is for the use of an antidepressant. This medication is classified as an SSRI. The ODG state the following regarding its use for depression: Under study. There is some disagreement about the choice of first-line therapy between selective serotonin reuptake inhibitors (SSRI's), which include Prozac (fluoxetine), Zoloft, Paxil, and others, versus the older tricyclic antidepressants (TCA), such as amitriptyline, but most studies point to superior outcomes from the SSRI's. In all, 71.5% of depression trials reported significantly greater efficacy with antidepressants than placebo, but the lack of controlled head to head comparisons and other methodological design differences make cross-trial comparisons difficult. (Taylor, 2004) In the short-term treatment of bipolar depression, it may be prudent to use a

selective serotonin reuptake inhibitor or a monoamine oxidase inhibitor rather than a tricyclic antidepressant as first-line treatment. (Gijssman, 2004) The risk of suicidal behavior after starting antidepressant treatment is similar among users of amitriptyline (a tricyclic) and fluoxetine (an SSRI). (Jick-JAMA, 2004) Data suggest that a reasonable approach could be the first-line prescription of newer agents (SSRI's) in the routine outpatient care of depressive subjects, and the use of amitriptyline (a tricyclic) in hospital in patients with severe depression. (Barbui, 2004) Besides being the most effective drugs for post-traumatic stress disorder (PTSD), SSRIs have a favourable adverse effect profile, making them the first-line treatment for PTSD. (Asnis, 2004) In this case, the use of this medication is reasonable. The guidelines state that a first-line prescription for an SSRI for outpatient treatment of depression is supported. As such, the request is medically necessary.

Opana ER 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement which should eventually lead to medication discontinuation. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.