

Case Number:	CM15-0123870		
Date Assigned:	07/08/2015	Date of Injury:	10/01/2013
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 25 year old male patient, who sustained an industrial injury on 10/1/2013. He sustained the injury while bending over to open a well and run over by a suburban and dragged 13 feet. The diagnoses include lumbar 4-5 disc herniation, cervical sprain, mild thoracic sprain, lumbosacral pain with radicular complaints, possible early complex regional pain syndrome and left leg and ankle contusion and crush injuries. Per the progress note dated 5/29/2015, he had complains of pain in the low back and buttocks with numbness and tingling in the low back with left leg and foot weakness; headache, ringing ear, dizziness, depression and sleep disturbances. Physical examination revealed reduced sensation in the left ankle, 4/5 strength in the left lower extremity. Per the note dated 12/29/14, patient had chronic pain and difficulty sleeping. He has tried ambien. The medications list as per the note dated 5/15/2015 includes tramadol, gabapentin and Trazodone. Patient was prescribed norco on 5/29/15 instead of tramadol. He has had cervical MRI dated 2/6/2014 which was limited due to motion artifact and revealed multilevel disc degenerative changes; lumbar magnetic resonance imaging dated 1/8/15 which showed lumbar 4-5 disc herniation; MRI left ankle and left tibia/fibula dated 11/4/2014; EMG/NCS dated 11/20/14 which revealed mild right median neuropathy. Treatment to date has included therapy and medication management. The treating physician is requesting Trazodone 50 mg at bedtime to help with sleep #30 with 1 refill, Tramadol 50 mg every 4-6 hours for pain #120 with 1 refill, Gabapentin 300 mg twice daily as needed #60 with 2 refills and cervical magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg at bedtime to help with sleep quantity 30 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Insomnia treatment Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine).

Decision rationale: Trazodone 50mg at bedtime to help with sleep quantity 30 with one refill. Trazodone is tetra cyclic anti-depressant. According to the CA MTUS chronic pain guidelines, anti-depressant is "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. In addition, per the cited guidelines "Trazodone is one of the most commonly prescribed agents for insomnia." Per the records provided, he had complaints of chronic pain with history of crush injury. He also had depression and sleep disruption secondary to chronic pain. Trazodone is a first line agent in this clinical situation. The request of Trazodone 50mg at bedtime to help with sleep quantity 30 with one refill is medically appropriate and necessary for this patient.

Tramadol 50mg every 4 to 6 hours as needed for pain control quantity 120 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg every 4 to 6 hours as needed for pain control quantity 120 with one refill. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had pain in the low back and buttocks with numbness and tingling in the low back

with left leg and foot weakness; headache, ringing ear, dizziness, depression and sleep disturbances. He has had significant findings on physical examination-reduced sensation in the left ankle, 4/5 strength in left lower extremity. He has had diagnostic studies with abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg every 4 to 6 hours as needed for pain control quantity 120 with one refill is medically appropriate and necessary to use as prn during acute exacerbations.

Gabapentin 300mg twice daily as needed quantity 60 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabarone, generic available).

Decision rationale: Gabapentin 300mg twice daily as needed quantity 60 with two refills. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Per the records provided patient has pain in the low back and buttocks with numbness and tingling in the low back with left leg and foot weakness; headache, ringing ear, dizziness, depression and sleep disturbances. He has had significant findings on physical examination- reduced sensation in the left ankle, 4/5 strength in left lower extremity. He has diagnoses include lumbosacral pain with radicular complaints, possible early complex regional pain syndrome and left leg and ankle contusion and crush injuries. This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 300mg twice daily as needed quantity 60 with two refills is medically appropriate and necessary for this patient.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 05/12/15) Magnetic resonance imaging (MRI).

Decision rationale: MRI of cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to

improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. He has had cervical MRI dated 2/6/2014 which was limited due to motion artifact and revealed multilevel disc degenerative changes. Per ODG neck/upper back guidelines cited below "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Significant change in signs or symptoms since previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Evidence of failure of conservative therapy is not specified in the records provided. A recent cervical spine X-ray report is not specified in the records provided. In addition, electro-diagnostic study with significant neurological deficits is not specified in the records provided. The medical necessity of MRI of the cervical spine is not established for this patient.