

Case Number:	CM15-0127378		
Date Assigned:	07/20/2015	Date of Injury:	08/02/2002
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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: Arizona, Michigan

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 44 year old female who sustained an industrial injury on 08/02/2002. Current diagnoses include lumbar or lumbosacral disc degeneration, labral tear right hip, mood disorder, and sacroiliac pain. Previous treatments included medications and surgical intervention. Previous diagnostic studies include a urine drug screen dated 05/11/2015, left shoulder arthrogram on 03/05/2015, right knee MRI on 03/2004, 05/2006, 03/13/2008 and 11/09/2011 and 05/17/2014, lumbar spine MRI in 10/2013, right hip MRI on 09/07/2006 and 11/09/2011, right hip arthrogram on 11/09/2011, left shoulder arthrogram and MRI on 09/23/2011, cervical spine MRI on 09/23/2011, left knee MRI on 10/30/2009, right hip x-ray on 10/03/2008. Report dated 05/11/2015 noted that the injured worker presented with complaints that included lower backache, left shoulder pain, right hip pain, bilateral knee pain and left foot pain. It was noted that pain level has increased since last visit. Pain level was 8 (with medications) and 10 (without medications) out of 10 on a visual analog scale (VAS). The injured workers activity level has decreased. Currently the injured worker is working. Current medication regimen includes omeprazole, oxycodone, Oxycontin, Trazadone, Celebrex, Lidoderm 5% patch, Cymbalta, and Gabapentin. Physical examination was positive for gait abnormalities, lumbar spine tenderness with a tight muscle band, tenderness over the right sacroiliac joint, right hip range of motion is restricted by pain with tenderness over the groin, right knee range of motion is restricted by pain with tenderness over the medial joint line, 1+ effusion in the right knee joint, left foot tenderness, swelling in both feet, and light touch sensation is patchy in distribution. The treatment plan included re-requesting authorization for a personal trainer (previous authorization expired), work

excuse provided for 05/11/2015 due to increased left shoulder pain, right hip remains painful (MRI pending), refer for left shoulder consult, urine drug screen collected, and return in 4 weeks. The injured worker reported that the left shoulder is painful and upper arm feels tender and bruised, and reports a decrease in tolerance to household chores. Disputed treatments include Lidoderm 5% patch #30, Oxycodone 30mg #120, Oxycontin 80mg #90, Trazodone 150mg #30, Gabapentin 300mg #120, Omeprazole Dr 20mg #60, and Cymbalta 30mg #30

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical analgesics Page(s): 56, 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The documentation submitted for review reveal that the injured worker is on opioids, an anticonvulsant as well as an antidepressant for her chronic pain. There is documentation of a modest improvement in pain and function with her current regimen and she is in the process of having her opioids tapered, the addition of lidoderm patches to her regimen appears appropriate, therefore the request for Lidoderm 5% patch #30 is medically necessary.

Oxycodone 30mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. A review of the injured workers medical records reveal that her medications as a group allowed the injured worker to tolerate activities of daily living and work duties, as well as a modest improvement in pain, she is being followed by a pain management specialist and her opioids are gradually being tapered, therefore based on her clinical response to treatment and the guidelines the request for Oxycodone 30mg #120 is medically necessary.

Oxycontin 80mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. A review of the injured workers medical records reveal that her medications as a group allowed the injured worker to tolerate activities of daily living and work duties, as well as a modest improvement in pain, she is being followed by a pain management specialist and her opioids are gradually being tapered, therefore based on her clinical response to treatment and the guidelines the request for Oxycontin 80mg #90 is medically necessary.

Trazodone 150mg #30: Overturned

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) Insomnia treatment.

Decision rationale: The California MTUS is silent regarding Trazadone. The Official Disability Guidelines (ODG) recommend Trazodone (Desyrel) as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. The use of trazodone for insomnia is appropriate in this injured worker with multiple co-morbid issues, high opioid dependency and a history of poor sleep, therefore the request for Trazodone 150mg #30 is medically necessary.

Gabapentin 300mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of gabapentin. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first line treatment for neuropathic pain. A review of the injured workers medical records reveal that her medications as a group allowed the injured worker to tolerate activities of daily living and work duties, as well as a modest improvement in pain, she is being followed by a pain management specialist and her opioids are gradually being tapered, therefore based on her clinical response to treatment and the guidelines the request for Gabapentin 300mg #120 is medically necessary.

Omeprazole Dr 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. The documentation provided did not indicate that the injured worker has past or present gastrointestinal complaints, there is no indication that she is at increased risk for a gastrointestinal event. Therefore the request for omeprazole Dr 20mg #60 is not medically necessary.

Cymbalta 30mg #30: Overturned

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, Cymbalta (duloxetine), Medications for Chronic pain, SNRI's (serotonin norepinephrine reuptake inhibitors) Page(s): 13, 42, 60, and 105.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Cymbalta (duloxetine). It is recommended for an option in first-line treatment option in neuropathic pain. It is FDA approved for the treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. A review of the injured workers medical records reveal that her medications as a group allowed the injured worker to tolerate activities of daily living and work duties, as well as a modest improvement in pain, she is being followed by a pain management specialist and her opioids are gradually being tapered, therefore based on her clinical response to treatment and the guidelines the request for Cymbalta 30mg #30 is medically necessary.