

Case Number:	CM15-0173107		
Date Assigned:	09/14/2015	Date of Injury:	06/28/2013
Decision Date:	10/21/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 46 year old male who sustained an injury on 6-28-13. In the medical records provided for this review dated 8-4-15 the IW has low back pain that radiates into lower extremities. He has difficulty sitting or standing more than a few minutes at a time and is constantly changing position during the visit. He was receiving Hydrocodone and was using this for pain relief in place of the Hysingla. Diagnosis studies electromyography and nerve conduction velocity study low back reveal electrodiagnostic evidence of a possible mild left L4 or L5 lumbar radiculopathy with minimal evidence of ongoing denervation. MRI lumbar spine 10-23-13 reveals central canal stenosis and tapering from L3 down to S1 from epidural lipomatosis; no disc herniation or bulge. Left ankle MRI 7-9-13 reveals marrow edema within the posteromedial talar dome; no displaced fragment and the overlying cartilage appears intact. The physical examination indicates he has antalgic gait; lumbar spine sensation is decreased in the dermatomes left L5; straight leg raise is negative and spasm and guarding was noted. Current medications included Etodolac 300 mg 1 three times daily; Gabapentin 600 mg 1 three times a day; Hysingla ER 80 mg 1 every day; Trazadone 50 mg 1 tablet at bedtime; Norco 10-325 mg 1 - 3 three times a day as needed. Current requested treatments Trazadone 50 mg at bedtime #30; Hysingla ER 80mg once a day #30; Omeprazole 20 mg once a day #30. Work restrictions include no lifting above 20 lbs.; no climbing of stairs or ladders; and alternate between standing and sitting as needed. Utilization review 8-13-15 requested treatments are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone.

Decision rationale: The request is for trazodone, which is a tetracyclic antidepressant used to treat depression and anxiety disorders. According to the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Regarding the injured worker, there is no clear documentation of neuropathic pain. According to the Official Disability Guidelines, trazodone is considered an option for primary insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Regarding the injured worker, there is insufficient documentation to justify ongoing treatment with trazodone, criteria have not been met. There is no clear documentation of a functional improvement with the use of trazodone. Utilization of opioid medication has increased despite use of trazodone. The request is therefore not medically necessary.

Hysingla ER 80mg once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioid hyperalgesia.

Decision rationale: The request is for Hysingla, which is an extended release formulation of Hydrocodone, a medication used for the treatment of pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been

proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, while the injured worker has returned to work, yet in a limited capacity, there is poor functional improvement. Documentation reveals an escalating level of opioids. Furthermore, there is incomplete fulfillment of the MTUS criteria for use. Therefore, the request as written is not medically necessary.

Omeprazole 20mg once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for Omeprazole, which is a proton pump inhibitor used to treat disorders of the stomach and esophagus. The MTUS guidelines support the use of a proton pump inhibitor in the following circumstances at increased risk for gastrointestinal side effects: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. While there is documentation that suggests the injured worker has experienced epigastric burning, without any risk factors for gastrointestinal disease, nor clear documentation of peptic ulcer disease, there is no clear indication to utilize a proton pump inhibitor in the treatment of an injured worker. The documentation provided does not support the ongoing use of NSAIDs, nor does it suggest that the injured worker is at increased risk for gastrointestinal disease. The request as written is not supported by the MTUS and is therefore not medically necessary.