



Case Number:	CM15-0179475		
Date Assigned:	09/30/2015	Date of Injury:	10/07/2005
Decision Date:	12/01/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 55 year old male, who sustained an industrial injury on October 7, 2005, incurring shoulder, upper and mid back injuries. He was diagnosed with left shoulder rotator cuff tear, left wrist sprain, right shoulder sprain, cervical degenerative disc disease and thoracic sprain. Treatment included 24 sessions of physical therapy for the cervical and thoracic pain and 16 visits of acupuncture and noted short termed benefit from those treatments; pain medications, neuropathic medications, proton pump inhibitor, laxatives, antidepressants and anti-anxiety medications. He underwent, on February 25, 2010, a cervical discectomy and fusion with bone graft. He also had a left shoulder surgical rotator cuff repair. He participated in 12 bi-weekly sessions of psychotherapy for developing depression. Currently, the injured worker complained of severe left sided neck and head pain with left sided headaches. He had left upper extremity pain and numbness interfering with activities of daily living. He developed gastrointestinal distress, depression and anxiety as a result of his chronic symptoms of pain. He rated his pain 7 out of 10 with the use of medications and 10 out of 10, on a pain scale from 1 to 10, without the use of pain medications. He was noted to have positive Tinel's sign of the left elbow and left wrist. The injured worker was noted to have limited range of motion of the cervical region. The treatment plan that was requested for authorization included prescriptions for Tramadol ER, 150 mg, #60, Gabapentin 600 mg, #60, Reglan 10mg, #60, Laxacin #200, Prozac 20 mg, #30, Sertraline 100 mg, #60, Lorazepam 1 mg, #60, Fioricet 40 mg, #15, Viagra 50 mg, #8, and Dendracin lotion and a Helicobacter Pylori breath test. On August 14, 2015, the requested prescriptions were non-certified by utilization review with partial certification for one Helicobacter Pylori breath test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. Tramadol ER 150mg #60 is not medically necessary.

Gabapentin 600mg #60: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 600mg #60 is not medically necessary.

Reglan 10mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anti-emetics (for opioid nausea).

Decision rationale: According to the Official Disability Guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Reglan 10mg #60 is not medically necessary.

Laxacin 50/8.6mg #200: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. However, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. Laxacin 50/8.6mg #200 is not medically necessary.

Prozac 20mg #30: Upheld

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

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 & Stress, Antidepressants.

Decision rationale: According to the Official Disability Guidelines, antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. The patient does carry a diagnosis of depression, but no evidence of efficacy or functional improvement was present in the records. Prozac 20mg #30 is not medically necessary.

Sertraline 100mg #60: Upheld

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

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 & Stress, Antidepressants.

Decision rationale: According to the Official Disability Guidelines, antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. The patient does carry a diagnosis of depression, but no evidence of efficacy or functional improvement was present in the records. Sertraline 100mg #60 is not medically necessary.

Lorazepam 1mg #60: 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): Benzodiazepines.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking lorazepam for an extended period of time. Lorazepam 1mg #60 is not medically necessary.

Fioricet 50/325/40mg #15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The Official Disability Guidelines do not recommend Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. Fioricet 50/325/40mg #15 is not medically necessary.

Viagra 50mg #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx.01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

Decision rationale: Sildenafil (Viagra) and tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction. 2. No concurrent use of nitrates. 3. Any one of the following: a. Member is 55 years of age or older. b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease). c. Documentation of a normal testosterone level. d. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product. e. Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request). Documentation in the patient's medical record fails to meet the above inclusion criteria. Viagra 50mg #8 is not medically necessary.

Dendracin lotion 240ml #1: 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): Topical Analgesics.

Decision rationale: Dendracin is Methyl Salicylate 30%, Capsaicin 0.025%, and Menthol USP 10%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Dendracin lotion 240ml #1 is not medically necessary.

Helicobacter Pylori breath test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

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

Decision rationale: The MTUS states that recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions; consequently, H. Pylori is not considered a work-related condition or compensable consequences due to NSAID use. Helicobacter Pylori breath test is not medically necessary.