

Case Number:	CM15-0179649		
Date Assigned:	09/21/2015	Date of Injury:	05/19/2012
Decision Date:	10/30/2015	UR Denial Date:	08/12/2015
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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 2012. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve requests for trazodone, Topamax, and Neurontin. The claims administrator referenced an August 1, 2015 RFA form and an associated office visit of August 3, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form of August 6, 2015, Effexor, trazodone, Topamax, Neurontin, and buprenorphine were endorsed. On an associated progress note dated August 3, 2015, the applicant was described as undergoing earlier failed lumbar fusion surgery. The applicant was using buprenorphine and Neurontin, it was stated in one section of the note. The applicant was not interested in pursuit of a functional restoration program. The applicant had comorbidities including diabetes and hypertension, it was acknowledged. The applicant's pain complaints were described as severe. The Effexor, trazodone, Topamax, Neurontin, and buprenorphine were endorsed. The applicant exhibited a visibly antalgic gait, it was reported. The note was very difficult to follow, was some 11 pages long, and mingled historical issues with current issues with some regularity. In one section of the note, it was stated the applicant had discontinued gabapentin, while another section of the note stated the applicant was using gabapentin. In another section of the note, the attending provider stated that he was refilling buprenorphine, Topamax, Neurontin, trazodone, and Effexor. It was stated that the applicant was using Effexor for depression. No seeming discussion of medication efficacy transpired insofar as the Effexor was concerned. The applicant continued to report

issues with anxiety and depression; it was stated in the review of systems section of the note. The applicant was given a rather proscriptive 5-pound lifting limitation; although it did not appear that the applicant was working with said limitation in place. In one section of the note, the attending provider stated the applicant was using a walker to move about while another section of the note stated that the applicant was not using a walker on this date. In an appeal letter dated September 8, 2015, the attending provider acknowledged that the applicant was not, in fact, working. The attending provider stated that the applicant's pain scores were reduced from 8/10 without medications to 5/10 with medications. The attending provider stated that the applicant's ability to walk had been ameliorated as a result of ongoing medication consumption, but did not seemingly elaborate further. The attending provider stated that the applicant was using Effexor primarily for depression. The attending provider stated that Effexor was helpful, but did not once again elaborate further. The attending provider stated that trazodone was being employed for insomnia. The attending provider stated in one section of the note that the applicant was doing well on trazodone, but fell out of her bed recently owing to a bout of insomnia. In another section of the note, the attending provider stated that the applicant was able to sleep better with trazodone. Once again, this was not quantified. The appeal letter, like the progress note of August 3, 2015, was some 11 pages long.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: No, the request for trazodone (Desyrel), an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressant such as trazodone may be helpful in alleviating symptoms of depression and while ODGs Mental Illness and Stress Chapter trazodone topic does recommended trazodone or Desyrel is recommended as an option for insomnia in applicants with insomnia superimposed on issues with depression, as were seemingly present here, both recommendations are, however, qualified by the commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider's August 11, 2015 office visit failed to incorporate any seeming discussion of medication efficacy insofar as trazodone was concerned. The applicant was described as having continuing symptoms of anxiety and depression, despite ongoing trazodone usage. The attending provider acknowledged on an appeal letter dated September 8, 2015 that the applicant was not, in fact, working. While the attending provider stated in one section of the September 8, 2015 appeal letter that trazodone had ameliorated the applicant's sleep, this was, however, contravened by the commentary made in the same appeal letter of September 8, 2015 to the effect that the applicant had had a recent rough night sleeping and had fallen out of her bed. The attending provider failed to quantify the improvement in sleep (if any), effected as a result of the ongoing trazodone usage. The attending provider likewise

failed to outline meaningful improvements in mood or function derived as a result of ongoing trazodone usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Topiramate-topamax 25mg #60 with 1 refill: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Similarly, the request for topiramate (Topamax), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax can be considered for use of neuropathic when anticonvulsants fail, here, however, the applicant was, per a progress note of August 3, 2015 concurrently using another anticonvulsant adjuvant medication, gabapentin, per certain sections of an August 3, 2015 progress note, concurrently using a second anticonvulsant adjuvant medication, gabapentin, seemingly obviating the need for topiramate (Topamax). Therefore, the request was not medically necessary.

Gabapentin 600mg #60 with 2 refills: 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): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: Finally, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variable such as other medications into his choice of recommendations. Here, however, the neither the attending provider's August 3, 2015 office visit nor the attending provider's appeal letter of September 8, 2015 establish a clear or compelling role for concurrent usage of two separate anticonvulsant adjuvant medications, gabapentin and Topamax. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants on gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, portions of the August 3, 2015 office visit at issue stated that the applicant was using still using a walker to move about. A rather proscriptive 5-pound lifting limitation was imposed on that date. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioids agents such as buprenorphine. The applicant was not working, the attending provider acknowledged on an appeal letter dated September 8, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.