

Case Number:	CM15-0041392		
Date Assigned:	04/02/2015	Date of Injury:	08/04/2011
Decision Date:	05/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 33-year-old female who reported an injury on 08/04/2011. The mechanism of injury reportedly occurred when the injured worker moved candy racks that weighed 20 to 25 pounds and a soda cooler that weighed 80 to 100 pounds and developed pain in the low back. Her diagnoses included lumbar degenerative disc disease. Past treatments have included medications and injections. Diagnostic studies included a nerve conduction study of the bilateral lower extremities performed on 05/07/2014 with findings of a normal nerve conduction study of the lower extremities; an x-ray of the lumbar spine performed on 05/12/2014 with findings of mild scoliosis, minimal degenerative changes, slight decreased narrowing at L5-S1 with a normal pelvis; an MRI of the lumbar spine performed on 10/07/2014 with findings of discogenic disease at L3-4, was associated with a 3 mm broad based central right paracentral protrusion leading to mild effacement of the thecal sac. There were moderate degenerative changes of the facets. There were mild degenerative changes of the facets at L5-S1, and there was a 3 mm bulge. There was no evidence of central foraminal stenosis. There was no evidence of acute bone trauma. A CT scan of the lumbar spine performed on 10/07/2014 with findings of no significant change compared to previous examination. At L3-4, a 3 mm posterior disc bulge, was unchanged. At L4-5, a 1 mm posterior disc bulge, unchanged. At L5-S1, a 3 mm posterior disc bulge, unchanged. Her surgical history included 2 transforaminal epidural steroid injections performed on 04/06/2012 and the second was undated, which helped at best for 1 week. The injured worker presented on 03/03/2015 with complaints of ongoing right upper extremity and low back and bilateral lower extremity pain. She stated her pain had significantly increased in the

past several weeks. Additionally, she reported that she was increasingly depressed and stressed by her prolonged pain and disability and uncertainty about her future. The clinical note indicated that the injured worker continued work following her injury. The clinical note further indicated that the only reason she is not presently working is that her employer went out of business. The injured worker reported her medications reduced her pain by 30%. However, she reported a side effect of GI irritation which is addressed by omeprazole. It was further noted that the injured worker was seen by a spine surgeon and underwent nerve studies. After receiving the reports from the previously mentioned referrals and studies, there is a request for an anterior lumbar interbody fusion at L3-4. It was noted that the injured worker requests to go forward with the surgery. Objective findings included a depressed affect. Physical examination of the lumbar spine there was tenderness of the spinous process at L4 and the transverse process on the right at L4. There was bony palpation of the right hip. There was no tenderness of the iliac crest or the PSIS, and tenderness of the sciatic notch, the ischial tuberosity, or the greater trochanter. There was bony palpation noted on the left hip. No tenderness of the iliac crest, the PSIS, the iliac tubercle, the sciatic notch, the ischial tuberosity, the SI joint, or the greater trochanter. Soft tissue palpation on the right revealed tenderness of the paraspinal region at L4, the iliolumbar region, and the piriformis was positive for paraspinal spasms on the right L2-5 region. Soft tissue palpation on the left revealed no tenderness. Active range of motion increased pain with extension and with lateral tilt to either side. Motor strength was 5/5 with the exception of the right knee, quadriceps which was 4/5, and the right extensor hallucis longus which was 4/5 as well. Her current medication regimen included gabapentin, omeprazole, ibuprofen, nortriptyline, trazodone, carisoprodol, and zolpidem. The treatment plan included a refill of the injured worker's medications, an authorization for a follow-up visit, and a re-evaluation. The rationale for the request was that the medications continued to benefit and provide functional gains by substantially assisting her ADLs, mobility, and restorative sleep. A Request for Authorization dated 03/09/2015 was submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: The request for trazodone 50 mg #30 is not medically necessary. The Official Disability Guidelines state sedating antidepressants, such as trazodone, have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The documentation submitted for review does support that the injured worker has issues with depression and that use of Trazodone promotes restorative sleep. Therefore, continued use of this medication would be appropriate.

However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for ibuprofen 800 mg #90 is not medically necessary. The injured worker has chronic low back pain. The documentation supports that the injured worker's medication regimen is beneficial as it is documented that her medications decrease her pain by 30% and result in increased function. She was noted to have side effects of gastrointestinal irritation, but this is controlled by omeprazole. The California MTUS Guidelines recommend NSAIDs as an option for pain relief. The documentation does support continued use of this medication. However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

Nortriptyline 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The request for nortriptyline 60 mg #60 is medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines recommend antidepressants as an option for patients with non-neuropathic pain that are depressed. The documentation submitted for review provides evidence that the injured worker has a diagnosis of depression and neuropathic pain. There is also documentation to support the effectiveness of this medication. However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 1/19/15), Insomnia treatment.

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 and Stress, Insomnia treatment.

Decision rationale: The request for zolpidem 10 mg #30 is not medically necessary. The Official Disability Guidelines state that zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days use. The documentation submitted for review indicated that the injured worker has difficulty sleeping. However, the documentation submitted for review indicated that the injured worker has had extensive use of zolpidem greater than 10 days. As such, the request for zolpidem 10 mg #30 tablets is not medically necessary.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: The request for trazodone 50 mg #30 is not medically necessary. The Official Disability Guidelines state sedating antidepressants, such as trazodone, have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The documentation submitted for review does support that the injured worker has issues with depression and that use of Trazodone promotes restorative sleep. Therefore, continued use of this medication would be appropriate. However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

Omeprazole 20mg DR #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and cardiovascular risk Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg DR #30 is not medically necessary. The injured worker has low back pain. The California MTUS Guidelines state proton pump inhibitors are recommended for patients with dyspepsia related to NSAID use. The documentation submitted for review provided evidence that the injured worker had a medication induced gastritis that was being relieved with omeprazole. Therefore, continuation of this medication would be appropriate. However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for ibuprofen 800 mg #90 is not medically necessary. The injured worker has chronic low back pain. The documentation supports that the injured worker's medication regimen is beneficial as it is documented that her medications decrease her pain by 30% and result in increased function. She was noted to have side effects of gastrointestinal irritation, but this is controlled by omeprazole. The California MTUS Guidelines recommend NSAIDs as an option for pain relief. The documentation does support continued use of this medication. However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.

CAT Scan Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for CAT scan lumbar spine is not medically necessary. The injured worker has low back pain. The California ACOEM Guidelines state that computed tomography is recommended if there is physiologic evidence that indicates tissue insult or nerve impairment. The documentation submitted for review failed to provide evidence of a new red flag for serious spinal pathology. Additionally, the documentation submitted for review consisted of a lumbar spine CT scan performed on 10/07/2014 with normal findings. Given the above, the request for CAT scan of lumbar spine is not medically necessary.

Discogram Lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for discogram lumbar is medically necessary. The injured worker has lumbar disc disease. The California ACOEM Guidelines recommend discography where fusion is a realistic consideration. Additionally, the guidelines state that discography may provide supplemental information prior to surgery. The documentation submitted for review provides evidence that the injured worker was referred for a surgical consult and was recommended for a lumbar fusion. Given the above, the request for discogram lumbar is medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: In regard to the request for carisoprodol 350 mg #60, the request is not medically necessary. The injured worker has chronic low back pain. The California MTUS Guidelines do not recommend carisoprodol. Furthermore, the guidelines state that this medication is not indicated for long term use. The documentation submitted for review provides evidence of extended use of carisoprodol. As such, the request for carisoprodol 350 mg #60 tablets is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Insomnia Treatment (updated 1/19/15).

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

Decision rationale: The request for zolpidem 10 mg #30 is not medically necessary. The Official Disability Guidelines state that zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days use. The documentation submitted for review indicated that the injured worker has difficulty sleeping. However, the documentation submitted for review indicated that the injured worker has had extensive use of zolpidem greater than 10 days. As such, the request for zolpidem 10 mg #30 tablets is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 17, 18 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: The request for gabapentin 300 mg #90 is not medically necessary. The California MTUS Treatment Guidelines state that gabapentin is considered a first line treatment for neuropathic pain. The documentation does support that the injured worker has neuropathic pain and that her medications have been effective in terms of pain relief and increased function. Therefore, continued use of gabapentin would be supported. However, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.