

Case Number:	CM15-0076545		
Date Assigned:	04/28/2015	Date of Injury:	02/15/2008
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on February 15, 2008, incurring low back, right knee and right ankle injuries after a fall. She was diagnosed with lumbar degenerative disc disease and radiculopathy, right knee meniscus tear, left knee pain and plantar fasciitis. Treatment included transcutaneous electrical stimulation unit, back brace, anti-inflammatory drugs, pain medications, steroid injections, hot and cold wraps, and physical therapy. Currently the injured worker complained of right lower extremity pain with numbness and tingling. The treatment plan that was requested for authorization included prescriptions for Trazadone, Neurontin, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-17.

Decision rationale: The request is for Trazadone. Trazadone is classified as an antidepressant. The MTUS guidelines on antidepressants states that they are, "Recommended as a first-line option for neuropathic pain and a possibility for non-neuropathic pain." Trazadone is also used for insomnia for patients with concurrent depression. In this case, the medical records provided for review do not provide any evidence of sleep issues or depression. There is no discussion of the efficacy of this medication. There is no clinical documentation of neuropathic pain and the patient has received no clinical benefit from this medication. The request is therefore deemed not medically necessary.

Neurontin 600 mg, ninety count: Upheld

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

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

Decision rationale: Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient's records provide no clinical evidence that she has neuropathic pain and she is not diabetic or a victim of post-herpetic neuralgia. The records do not demonstrate any clinical benefit from her taking Neurontin. Therefore, she does meet guidelines, especially since the Neurontin has given her no clinical benefit. The request is not medically necessary.

Protonix 20 mg, sixty count: Upheld

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

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

Decision rationale: The request is for Protonix, a proton pump inhibitor (PPI), which is indicated for gastritis, GERD and dyspepsia. MTUS states that risk factors for GI side effects include age greater than 65 years, history of peptic ulcer, GI bleed or perforation, concurrent use of ASA, corticosteroids or anticoagulants and high dose/multiple NSAIDs. The patient is 57 years old, with no history of GI bleed, PUD or perforation. Records do not show that she is taking ASA, corticosteroids, anticoagulants or high dose/multiple NSAIDs. Thus, she has no risk factors for adverse GI events and the request is not medically necessary.