

Case Number:	CM14-0142690		
Date Assigned:	09/10/2014	Date of Injury:	02/28/2008
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year-old female with a date of injury of 2/28/2008. The patient's industrially related diagnoses include chronic neck pain with right cervical radiculopathy, degenerative cervical disc disease, chronic discogenic low back pain with bilateral sciatica, and lumbar spinal stenosis. The disputed issues are Omeprazole 20mg #60, Venlafaxine 75mg #30, Topiramate 25mg #60, TENS electrodes patches and Tramadol 50mg #60. A utilization review determination on 8/15/2014 had noncertified these requests. The stated rationale for the denial of Omeprazole was that "there are no ongoing complaints of gastrointestinal disturbances as well as current NSAID use. " The stated rationale for the denial of Venlafaxine 75mg was that "there is no documentation of objection functional improvement with prior use of this medication." The Topiramate 25 mg was also denied because there was no documentation of objective functional benefit with prior use of this medication. The TENS electrodes patches (purchase) were denied because there was no mention of prior use of TENS unit in a clinical setting with evidence of objective and functional improvement to support purchase of this modality and no documentation that the injured worker failed prior conservative treatment. Lastly, the rationale for the denial of Tramadol 50mg #50 besides lack of documented functional improvement was that there was no documentation of current urine drug testing with result, risk assessment profile or attempts to wean/taper down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 8/4/14): Topiramate 25mg #60: 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 Anti-Epilepsy Drugs Page(s): 16-18, 21.

Decision rationale: Topiramate is an anti-epilepsy drug (AED) that is FDA approved for migraine prophylaxis but can also be recommended for neuropathic pain. However, according to the Chronic Pain Medical Treatment Guidelines, it is considered for use of neuropathic pain when other anticonvulsants fail. The guidelines states that when initiating an AED, a good response is 50% reduction in pain and a moderate response is 30% reduction in pain. However, at least 30% reduction is important to consider continuation of the medication. Furthermore, there should be documentation of pain relief and improvement in function to continue the use of the specific AED. In the progress report dated 8/4/2014, the treating physician documents the injured worker's cervical and lumbar pain level to be 8/10 attenuated with medications. However, there is no documentation of the degree of pain relief and no documentation of functional improvement with the use of Topiramate. Additional information of previous anticonvulsants tried and clinical evidence of pain relief and functional improvement is needed for the continuation of this medication. Due to lack of documentation, Topiramate 25mg #60 is not medically necessary at this time.

Retro (DOS 8/4/14): Tramadol 50mg #90: 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 Opioids Page(s): 76-80, 94.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines: "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 nonadherent) 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." In the progress report dated 8/4/2014, the treating physician documents the injured worker's cervical and lumbar pain level to be 8/10. Pain is attenuated with medications and with no side effects reported. However, there is insufficient documentation addressing the 4 A's for ongoing monitoring. There is no documented clinical evidence of functional improvement and no documentation of monitoring for aberrant drug-taking behavior such as urine drug test with results and CURES (Controlled Substance Utilization Review and

Evaluation System) report. According to the guidelines, if there is no overall improvement in function, discontinuation of opioids should be considered. Therefore, due to lack of adequate documentation regarding the use of this opioid, medical necessity cannot be established for Tramadol 50 mg.

Retro (DOS 8/4/14): Venlafaxine 75mg # 30: Overturned

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 Anti-Depressants Page(s): 123-124.

Decision rationale: Venlafaxine is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. The Chronic Pain Medical Treatment Guidelines recommends Venlafaxine as an option in first-line treatment of neuropathic pain especially if pain is accompanied by insomnia and depression. It has FDA approval for treatment of depression but used off-label for the treatment of neuropathic pain. The injured worker reported pain-related insomnia in 2013 along with depression because of her pain and inability to work. In the progress report dated 8/4/14, the injured worker reported that her cervical and lumbar pain level was 8/10 and was attenuated with medications. No side effects were reported and she denied SI/HI or plan. On 6/16/14 the treating physician documented that the injured worker's mood was stable. Therefore due to adequate documentation of pain and radiculopathy improved with the use of Venlafaxine along with overall stable mood and no side effects, Venlafaxine 75mg #30 is medically necessary.

Retro (DOS 8/4/14): Omeprazole 20mg # 60: Overturned

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 and GI & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitors (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and no cardiovascular disease, the a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) can be used. The following is used to determine if patient is a trick for gastrointestinal events: " 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 (e.g., NSAID + low-dose ASA)." However, it should be noted that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The Utilization Review report states: "there are no ongoing complaints of gastrointestinal disturbances as well as current NSAID use." However, in the progress report dated 8/5/14 the treating physician states that the injured worker takes Naproxen daily. On 7/14/14, the treating physician states "upset stomach improved with taking Omeprazole. No

other SE." Therefore, since the injured worker is taking Naproxen daily, a non-selective NSAID, and reported gastrointestinal side effects that were improved with Omeprazole, continuation of Omeprazole 20mg #60 is medically necessary at this time.

TENS electrodes patches (purchase): 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 TENS Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend TENS (transcutaneous electrical nerve stimulation) as a primary treatment modality. However, a one-month home-based TENS trial may be considered appropriate as a noninvasive conservative option for neuropathic pain in combination with other recommended treatment. In the progress report on 8/4/2014, under the treatment plan, the treating physician recommended continuation of conservative care which included meds, self tot, HEP, and TENS. However, there is no documentation regarding the effectiveness of the TENS treatment. There is no information provided that indicates the injured worker previously had a one-month TENS and no documentation of reduction in pain or improvement in function with the use of the TENS unit. The guidelines states: "Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness." Therefore, due to insufficient documentation, TENS electrode patches (purchase) are not medically necessary.