

Case Number:	CM13-0020163		
Date Assigned:	10/11/2013	Date of Injury:	09/07/2007
Decision Date:	01/27/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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. 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 patient is a 54 year old male with a date of injury on 9/7/07. Diagnoses are C-spine HNP with radiculopathy, right wrist avascular necrosis per report by [REDACTED] 8/12/13. Presenting symptoms are pain in the neck and right wrist at 8/10, which decreases to 6/10 with medications, and has difficulty sleeping. Objective findings are tenderness, decreased range of motion, positive compression test of C-spine, grade 3 tenderness of right wrist, decreased range of motion, strength at 4/5 right wrist. Recommendations were Ultram 150 one a day for maintenance of ADL's, Remeron for insomnia and stress. Authorization for wrist surgery was pending (page 2 of this report is missing). The 6/12/13 report has pain at 7-9/10, condition worse overall, prescription for Anaprox and Protonix for gastric protection. There is a report from 4/30/13, but this is just a check-box note with 9/10 pain. Another hand-written report with a check-box format from 12/22/12, by [REDACTED], was submitted with no discussion regarding meds. The records include urine drug screens from 11/6/12 and 1/11/13. The requested medications were denied by UR letter on 8/21/13, due to lack of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg, 1 tablet daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Litram, Anti-inflammatories and Anti-Depressants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 80.

Decision rationale: Ultram is a synthetic opioid and MTUS guidelines for chronic use of opiates apply. The patient presents with chronic neck and right wrist pain for which this medication is prescribed. In reference to medication efficacy, the treaters offer one piece of documentation that addresses pain efficacy, which indicates it goes from 9/10 to 7/10. When reading MTUS guidelines, all medication treatments require documentation of efficacy such as pain reduction and functional improvement. Furthermore, for chronic use of opiates, MTUS requires functioning measurement using a numerical scale or validated instrument at least once every six months. Under outcome measures, current pain; average pain; least pain; duration of relief with medication, etc. are required. In this patient, the treaters provide only one piece of documentation on before and after pain measures. There is no mention of how Ultram affects the patient's ADL's for example, or restriction at work, or self-care, or exercises. Functional improvement is defined by labor code 9792.20(e) as "clinically significant improvement in activities of daily living" or reduction in work limitation AND reduced dependence on on-going treatments. There is inadequate documentation provided of these measurements for this patient. Recommendation is for denial.

Anaprox 550mg, # 90, 1 tablet 2-3 x day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Litram, Anti-inflammatories and Anti-Depressants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: This patient suffers from chronic neck and right wrist pain and the treater prescribes Anaprox to help the patient's pain. The reviewer indicates on the 8/12/13 report that pain is reduced from 9/10 to 7/10. MTUS guidelines require documentation of pain improvement and functional changes with use of medications. NSAIDs have indications for neuropathy, and osteoarthritis and lowest dose possible is recommended. Given the patient's diagnosis of C-spine HNP, wrist avascular necrosis pain, NSAID use appears to be indicated. Recommendation is for authorization.

Remeron 15mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Litram, Anti-inflammatories and Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient does present with a diagnoses of C-spine HNP as well as wrist chronic pain. Antidepressants are supported by MTUS for neuropathic pain as well as osteoarthritis. HNP of C-spine causes neuropathic type of pain, and avascular necrosis can result in osteoarthritic type of pain. When reading ODG guidelines, Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. Recommendation is for authorization of the requested Remeron for pain/depression and insomnia.