MAXIMUS Federal Services

Case Number:	CM13-0020639		
Date Assigned:	10/11/2013	Date of Injury:	10/22/2010
Decision Date:	06/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 Occupational 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 claimant was injured on October 22, 2010. He has chronic pain. There is a referral for four pain psychology sessions, Ultram, Prilosec, and Lidoderm patches. A request for pain psychology session was certified and the medications were noncertified. This decision was made on August 28, 2013. He saw [redacted] for a pain psychology visit on August 11, 2012 and was using Lidoderm patches and taking omeprazole, tramadol, Colace, and Senna. He was highly motivated. He also attended physical therapy in August 2012. He had a psychiatric evaluation on September 10, 2012. He was still temporarily totally disabled. He was expected to reach MMI at the end of 2012 and was making progress slowly. He had chronic posttraumatic stress disorder and a secondary sleep disorder. He had been injured by an elevator. He reported that his entire body was crushed by the elevator that was turned on by accident. He has had physical therapy and imaging studies. He was evaluated for a chronic pain program in September 2012. He remained significantly psychologically impaired on November 6, 2012. He continued the psych visits through 2012 but the notes do not reveal specific evidence of progressive improvement or resolution of his PTSD (post-traumatic stress disorder). He had ongoing anxiety depression, and GI complaints. He attended a functional restoration program/CPMP in 2013 which included psych sessions. The goals included weaning his medications. The FRP lasted 5 weeks and he was discharged. Additional pain psychology visits were anticipated. He had a psychiatric re-evaluation by [redacted] on October 5, 2013 and [redacted] indicated that he continues to require psychological support and was not recovered enough to handle his psych issues independently, though he had made progress. He saw [redacted] on September 17, 2013 and was taking Colace, Lidoderm patches, omeprazole, Senna, and tramadol and his diagnoses were cervical and thoracic disc degeneration with psychogenic pain and depressive disorder with anxiety. He had prolonged posttraumatic stress. He was still receiving psychology treatment in

September 2013. There is also a history of bleeding ulcers for which he has been prescribed medication. The notes are dated 2012 and 2013 but his current status regarding pain and medications is unknown. There is some mention of his medications not being approved in mid to late 2013. [redacted] stated in July 2013 that he had no access to his medications, including tramadol. He had failed trials of SNRI (non-steroidal anti-inflammatory drugs) and gabapentin and was prescribed tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM (TRAMADOL) 50MG: 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 Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of tramadol. The Chronic Pain Medical Treatment Guidelines states "Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The Chronic Pain Medical Treatment Guidelines also states "Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs and no evidence that this medication was prescribed while a first line drug was being titrated to pain relief. The anticipated benefit or indications for the continued use of this medication have not been stated. The medical necessity of tramadol has not been clearly demonstrated. Of note, the claimant's course of care since mid to late 2013 and his current status regarding his pain complaints are unknown. The request for one prescription of Ultram (Tramadol) 50mg is not medically necessary or appropriate.

1 PRESCRIPTION OF PRILOSEC (OMEPRAZOLE) 20MG: 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 Proton pump inhibitors Page(s): 102.

Decision rationale: The history and documentation support the request for omeprazole at this time. The claimant has a significant history of gastrointestinal problems, including bleeding ulcers and there is no evidence that his psychologic distress and gastrointestinal issues have resolved. The MTUS support the use of PPIs for patients with significant elevated risk of a gastrointestinal event. These medications can be used and recommended for prophylactic use in this type of situation. The request for one prescription of Prilosec (Omeprazole) 20mg is medically necessary and appropriate.

1 PRESCRIPTION OF LIDODREM 5% PATCHES: 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 Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches at this time. The Chronic Pain Medical Treatment Guidelines state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of other medications, also and there is no documentation of failures of trials of first line drugs such as acetaminophen and also local modalities. The Chronic Pain Medical Treatment Guidelines also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." There is no evidence that these criteria have been met for Lidoderm patches. The request for one prescription of Lidodrem 5% patches is not medically necessary or appropriate.