MAXIMUS Federal Services

Case Number:	CM13-0045648		
Date Assigned:	12/27/2013	Date of Injury:	11/26/2008
Decision Date:	06/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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 patient is a 46 year old male who was injured on 11/26/2008.The diagnoses listed in the records are insomnia, headache, joints pain in the hips and shoulder, myofascial pain and depression. The patient had completed physical therapy, acupuncture, cognitive behavioral therapy and counseling. Medications include Trazodone for insomnia and depression, Topiramate for headache and neuropathic pain, Tramadol and Menthoderm for pain. The durations of the medication treatment was not clarified in the available records. The patient is able to work part-time in the [redacted] market. He was a landscaper before the injury. On 10/18/2012 clinic visit, he was reported to have increase in ADL with no side effects from the medications. He was noted to have beneficial effects from the use of the TENS. [redacted] noted flat affect, depression and pain behavior. He recommended that Elavil be added for depression and pain treatment. A Utilization Review decision was rendered on 11/4/2013 recommending non-certification of Trazodone 50mg #90, Menthoderm, and Topiramate 50mg and TENS patch and modified certification of Tramadol 50mg for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE 50MG #90 (DISPENSED ON (10/9/13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON MTUS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Chronic Pain Medcial Treatment Guidelines addressed the treatment of chronic pain with coexisting depression. Antidepressants are recommended as first line treament for neuropathic and posiible non neuropathic pain unless the medications are ineffective, poorly tolerated or contraindicated. It is recommended that chronic pain patients be effectively treated for depression and anxiety in a multidisciplinary program. In this case, the reason given for non certification by the UR of Trazodone was the absence of anxiety and depression. The medical records did include subjective and objective indications of depression. The patient had flat affect, appeared depressed and had a history of prior treatments with Zoloft. The neurologist [redacted] recommended Elavil be added to the treatment regimen in addition to the trazodone. Trazodone is effective in the treatment of insomnia and depression associated with chronic pain. Therefore, the request for Trazadone 50 mg # 90, dispensed on 10/19/13 is medically necessary and appropriate.

MENTHODERM 120 GRAM (DISPENSED 10/9/13): 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsants and antidepressants have failed. This patient is currently being treated with Topiramate and Trazodone. The neurologist recommended that Elavil be added to the regimen. This has not been implimented. The Menthoderm preparation contains methyl salicylate 15% and mentol 10%. The MTUS guideline does not recommended the use of compound preparations containg substances such as methol that have no FDA approved indication. Therefore, the request for Menthoderm 120 gm, dispensed on 10/09/13 is not medically necessary and appropriate.

TRAMADOL 50MG #90 (DISPENSED ON 10/9/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The California MTUS addressed the use of Tramadol for the treatment of chronic pain. Tramadol is an analgesic that acts on opioid and non opioid receptors. It is associated with less addictive and sedative properties than pure opioid analgesics. Opioid are indicated for short term treatment of severe pain during acute injury or peroid of exacerbations of

chronic pain that is not responsive to standard NSAIDs, physical therapy and exercise.Documentation for chronic opioid therapy should include compliance monitoring measures such as Pain Contract, UDS, absence of aberrant behavior and improvement in ADL/ functional restoration. In this case, the documentation submitted did not show that the patient failed NSAID treatment. Additionally, the patient reported pain relief from physical therapy and the use of TENS. Therefore, the request for Tramadol 50 mg # 90, dispensed on 10/09/13 is not medically necessary and appropriate.

TOPIRAMATE 50 MG (DISPENSED 10/9/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,22-113. Decision based on Non-MTUS Citation The Food and Drug Administration, Topamax.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines addressed the use of anticonvulsants in the treatment of chronic neuropathic pain and headache. A trial of anticonvulsants or antidepressants may be utilized in the treatment of neuropathic pain and headache when the patient have failed treatment with NSAIDs and first line medications such as gabapentin and amitriptyline. In this case, the record does not indicate that the patient have failed treatment with first line medications. The neurologist have recommended addition of Elavil to the treatment regimen. Therefore, the request for Topiramate 50 mg, dispensed on 10/09/13 is not medically necessary and appropriate.

TENS PATCH X 2 (DISPENSED 10/9/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-118. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, 113-118.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines addressed the use of TENS in the treatment of chronic musculoskelatl pain. The use of TENS can lead to significant pain relief that can allow the patient to tolerate physical therapy and reduce pain medication dosages. On 10/18/2013, the patient reported significant reduction pain and increase in ADL with chiropractic treatments and TENS use. The VAS pain score had decreased. Additionally, the patient had returned to part time work in the [redacted] market.Therefore, the request for TENS patch, quantity 2, dispensed on 10/9/13 is medically necessary and appropriate.