

Case Number:	CM13-0067598		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2009
Decision Date:	05/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 4/14/09. The mechanism of injury was not provided. The medication history included Lexapro, Lyrica, Ultram, Trazodone, and Ultram ER, as well as Lidoderm in July 2013. The documentation of 11/22/13 revealed that the injured worker's pain level had not changed since the last visit and there were no new problems or side effects. His quality of sleep was fair, and his activity level had remained the same. The injured worker indicated the medications were working well and there were no side effects. The treatment plan included Ultram, Lyrica, Trazodone, and Lexapro. It was indicated that the medications worked to decrease the injured worker's pain and optimize function. The injured worker noted that, with medications, he was able to put up Christmas lights, tolerate daily activities, garden, mow the lawn, clean the pool, and carry grocery bags. Additionally, the injured worker noted that with Lexapro, the injured worker had significantly improved mood. The diagnosis included extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 ULTRAM ER 300MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78.

Decision rationale: The California MTUS guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective decrease in pain, objective increase in function, and documentation that the injured worker is being monitored for side effects and aberrant drug behavior. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since July 2013. The clinical documentation indicated that the injured worker had objective increase in function. There was lack of documentation indicating the injured worker was being monitored for aberrant drug behavior, side effects and that he had an objective decrease in pain. Given the above, the request is not medically necessary.

30 LEXAPRO 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation indicated that the injured worker had a significantly improved mood. However, there was a lack of documentation indicating objective functional improvement. Given the above, the request is not medically necessary.