

Case Number:	CM14-0004228		
Date Assigned:	02/05/2014	Date of Injury:	09/09/2010
Decision Date:	07/18/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 and Rehabilitation, 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 61-year-old male who reported an injury on 9/9/10. The mechanism of injury was not specifically stated. Current diagnoses include chronic cervical pain, impingement syndrome in the right shoulder, bilateral carpal tunnel syndrome, right cubital tunnel syndrome, bilateral internal derangement of the knees, and depression. The injured worker was evaluated on 1/16/14 with complaints of weakness in the upper extremities. Previous conservative treatment includes bracing, hot/cold therapy, TENS therapy, and postoperative physical therapy. Physical examination on that date revealed tenderness along the cervical paraspinal muscles, 160 degrees of shoulder abduction, 160 degrees of flexion, and weakness. Treatment recommendations included continuation of tramadol ER 100 mg, trazodone 50 mg, Protonix 20 mg, Norco 10/325 mg, and LidoPro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG, (FOR NEXT VISIT) QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since November 2013, without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

TRAZODONE 50 MG, (FOR NEXT VISIT) QTY: 60.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The Official Disability Guidelines state Trazodone is recommended as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. The injured worker does maintain a diagnosis of depression and sleep disorder. However, the injured worker has continuously utilized this medication since November 2013 without any evidence of functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

PROTONIX 20 MG, (FOR NEXT VISIT) QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.