

Case Number:	CM14-0005217		
Date Assigned:	01/24/2014	Date of Injury:	08/24/2010
Decision Date:	06/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 female who reported an injury on 08/24/2010, due to an unknown mechanism. The clinical note dated 12/18/2013 presented the injured worker with neck pain with associated numbness in the hands bilaterally, and occasional shortness of breath. The injured workers physical exam revealed gastric irritation. The injured worker was diagnosed with unspecified heat exhaustion, cervical degenerative disc disease, thoracic sprain/strain, and unspecified backache. The provider recommended retro Ketoprofen 75MG, Trazadone 50MG, Tramadol 150MG, and Flexeril 7.5MG. The request for authorization form for "medications" is dated 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED RQ RETRO KETOPROFEN 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The request for retro Ketoprofen 75MG #60 is not medically necessary. The California MTUS guidelines recommend NSAID's at the lowest dose for the shortest period

for injured workers with moderate to severe pain. There is no evidence of long term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis. The included medical documents revealed that the injured worker has been prescribed Ketoprofen since at least 01/16/2013. There is also no evidence of an accurate and complete pain assessment, and no mention of increased function with the medication. Therefore, the request is not medically necessary.

TRAZODONE 50MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness And Stress Chapter, Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: The request for Trazodone 50MG #30 is not medically necessary. The Official Disability Guidelines recommend Trazodone for insomnia for injured workers who have coexisting mild psychiatric symptoms, such as depression or anxiety. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by depression or recurrent treatment failure. The included medical documents lack evidence of the injured worker having insomnia and coexisting mild psychiatric symptoms, such as depression or anxiety. It appears the injured worker has been prescribed the medication since at least January, 2011; the continued use of the medication would exceed the guideline recommendations. Therefore, the request is not medically necessary.

TRAMADOL ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Neuropathic Pain Page(s): 82.

Decision rationale: The request for Tramadol ER 150MG #30 is not medically necessary. The California MTUS guidelines recommend Tramadol as a second-line treatment. The guidelines also recommend providing ongoing education on both the benefits and limitations of opioid treatment, and recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was a lack of an adequate and complete pain assessment within the documentation. There was no evidence of decreased pain or increased function. Therefore, the request is not medically necessary.

FLEXERIL 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The request for Flexeril 7.5MG #60 is not medically necessary. The California MTUS guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first four days of treatment, suggesting that shorter courses may be better. It appears the injured worker has been prescribed the medication since at least 02/20/2013. The request for additional use of the medication would exceed the guideline recommendations. The efficacy of the medication was unclear. Therefore, the request is not medically necessary.