MAXIMUS Federal Services

Case Number:	CM14-0011076		
Date Assigned:	02/21/2014	Date of Injury:	04/13/2011
Decision Date:	09/08/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old female who was injured on 4/13/2011 as she was hit by a swinging door on her right side causing her to fall down. She was diagnosed with cervical sprain/strain, lumbar spinal stenosis, cervical radiculitis, sleep disturbance, adjustment disorder, left shoulder impingement syndrome, lumbar facet arthropathy, and lumbar disc disease. She was treated with physical therapy, lumbar bracing, medications, TENS unit, exercise, nerve blocks, and chiropractor visits. After using these treatments including multiple medications, she still has been unable to work and continued to experience chronic pain. On 12/13/13, the worker was seen by her treating physician complaining of low back pain rated at 8/10 on the pain scale, and with medications (Tramadol, Celebrex, Fluoxetine, Naproxen, Zolpidem, and Omeprazole) down to 5/10 on the pain scale. Her reported sitting tolerance with medication is 30 minutes, walking tolerance is 20 minutes, and standing tolerance is 30 minutes. Physical examination revealed a valgus deformity of her left knee, elevated left shoulder, slight scoliosis, decreased sensation of the left medial, lateral upper arm, left side of her left hand, left leg, tenderness of the lumbar area, and straight leg raise was negative. She was then recommended Tramadol ER 100 mg once at night with a titration each week until she reached 300 mg daily if needed. She also recommended a refill on her Celebrex. Elavil was also recommended for her pain-related sleep disorder. She was also referred to a pain rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list and adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Guidelines state that NSAIDs such as Celebrex are recommended for the treatment of chronic pain related to musculoskeletal pain, but only at the lowest dose and for the shortest duration considering their side effect profile. NSAIDs are considered second-line therapy for back pain, but only for acute exacerbations of chronic pain and for a short duration. NSAIDs are not recommended for neuropathic pain. In the case of this worker, the Celebrex was used chronically leading up to this request for renewal, which the guidelines do not condone. Therefore, the request for Celebrex 200mg #30 is not medically necessary.

Elavil 25 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The MTUS Chronic Pain Guidelines state that tricyclic antidepressants such as Amitriptyline are first-line therapy options for neuropathic pain (and less so for non-neuropathic pain) unless they are ineffective, poorly tolerated, or contraindicated (those with cardiac conduction disturbances and/or decompensation or those with epilepsy). In the case of this worker, there was no evidence that the worker had already tried and failed antidepressants for her chronic pain, which allows her at least a trial of it as long as she is evaluated for functional benefit from the medication (better sleep, etc.) in order to warrant continuation beyond this request. Also, considering she has tried many other therapies already, it is reasonable to try this category of medication at least for her neuropathic pain. Therefore, the request for Elavil 25mg #30 is medically necessary.

Tramadol ER 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Guidelines state that opioids such as Tramadol are considered second-line therapy for chronic pain with a requirement of functional and pain-relief benefits with their use in order to warrant continuation. A complete review of side effects, a pain

contract, one prescriber, drug testing if needed is required as well. In the case of this worker, she had been using Tramadol (short acting) for some time prior to the request to be started on the longer-acting form of the same medication with potential increases in dosage for the purpose of decreasing her pain levels and increase her function. However, after reviewing the records available for review, evidence of functional benefit of the Tramadol specifically was not found, making it questionable to consider adding on a longer-acting form of the same medication, unless the dose hadn't been increased to the maximal effect with the least side effects. But without a clear assessment of the short-acting Tramadol, it is not reasonable to approve the same medication (same dose or higher). Therefore the request for Tramadol 100 mg ER #90 is not medically necessary.