

Case Number:	CM14-0127561		
Date Assigned:	08/15/2014	Date of Injury:	06/17/2009
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 injured worker is a 61-year-old female who reported an injury on 07/14/2005. The mechanism of injury was not provided in the medical records. She is diagnosed with reflex sympathetic dystrophy of the upper limb, adhesive capsulitis of the shoulder, tenosynovitis of the hand and wrist, and anxiety. Her past treatments were noted to have consisted of physical therapy, participation in a home exercise program, and medications. The documentation submitted for review indicates that she has been utilizing Soma, hydrocodone/acetaminophen, and tramadol since at least 09/20/2013, and trazodone since 03/21/2014. On 05/16/2014, the injured worker was seen for follow-up and reported right upper extremity pain, rated 6/10. It was noted that she was participating in physical therapy and a home exercise program, and was finding this treatment beneficial in terms of strength and range of motion. She was also noted to report continued significant difficulty sleeping, and it was noted that she had not begun trazodone, which had been prescribed at her previous appointment. It was also noted that she felt Soma was no longer helping her with sleep. However, it was also noted that she reported Norco, tramadol, and Soma to be quite helpful for her hand pain, and to increase her ability to perform her necessary chores at home. The physical examination findings included notation that the injured worker's pain behaviors were within the expected context of disease. Her medications were noted to include Bentyl, Norco, Soma, tramadol, and trazodone. The treatment plan included continued therapy and exercise as tolerated. In addition, medication refills of Norco, tramadol, and Soma were recommended, as these had helped the injured worker to manage her pain, stay independent, and increase her activities of daily living and activity level. In addition, it was noted that trazodone was recommended in order to promote sleep, as the injured worker continued to report difficulty sleeping related to her pain. The Request for Authorization form was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicates that the injured worker has been utilizing hydrocodone and tramadol since at least 09/20/2013. The documentation indicates that she does report pain relief and increased function with use of these medications. However, her pain relief is not quantified by numeric pain values with and without use of medications to verify significant relief. In addition, the documentation indicates on physical examination that her pain behaviors were within the expected context of disease. However, the documentation failed to indicate whether she had any evidence of aberrant behavior or noncompliance. In addition, the documentation failed to indicate that she has had consistent results on a urine toxicology screen within the last year. In the absence of this documentation required by the guidelines for the ongoing use of opioid medications, continued use is not supported. In addition, the request, as submitted, failed to include a dose and frequency of use. As such, Hydrocodone/Acetaminophen #150 is not medically necessary.

Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicates that the injured worker has been utilizing hydrocodone and tramadol since at least 09/20/2013. The documentation indicates that she does report pain relief and increased function with use of these medications. However, her pain relief is not quantified by numeric pain values with and without use of medications to verify significant relief. In addition, the documentation indicates on physical examination that her pain behaviors were within the expected context of disease. However, the documentation failed to indicate whether she had any evidence of aberrant behavior or noncompliance. In addition, the documentation failed to indicate that she has had consistent results on a urine toxicology screen within the last year. In the absence of this

documentation required by the guidelines for the ongoing use of opioid medications, continued use is not supported. In addition, the request, as submitted, failed to indicate the frequency of use. For the reasons noted above, Tramadol HCL 50mg #90 is not medically necessary.

Trazodone HCL 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), Treatment in Workers Compensation (TWC), Guidelines for Mental Illness & Stress chapter (06/12/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: According to the Official Disability Guidelines, sedating antidepressants, including trazodone, have been used to treat insomnia. However, the guidelines state there is less evidence to support their use for insomnia, but they may be an option for patients with coexisting depression. The clinical information submitted for review indicates that the injured worker has been diagnosed with coexisting anxiety and depression, and has reported significant difficulty sleeping due to pain. Therefore, a trial of trazodone to be used to promote sleep would be supported by the guidelines. However, the request, as submitted, failed to provide a frequency of use. Therefore, Trazodone HCL 50mg #30 is not medically necessary.