MAXIMUS Federal Services

Case Number:	CM14-0159936		
Date Assigned:	10/03/2014	Date of Injury:	11/01/2009
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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 claimant was injured on 11/01/09. The mechanism of injury and history to date are unclear. Tramadol, Elavil, and naproxen are under review. On 03/06/14, she reported 10/10 back pain that was decreased to 5-6/10 with medications with increased quality of life. She had poor sleep due to pain and zolpidem was denied. She had very antalgic movements. She was prescribed naproxen, tramadol, and amitriptyline. On 06/17/14, she was having ongoing issues with her medications. She still had an antalgic gait and bilateral positive straight leg raises. Her reflexes appeared to be present. On 06/23/14, she was not getting her medications. She had no money to buy them. She had significant antalgia and some depression. She saw a provider on 08/19/14. She had gotten tramadol but not Elavil or naproxen. There was no change in her pain and she had severe back pain 24/7. The handwritten notes are difficult to read. She does have failed back and intractable pain. Medications were ordered again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol 50 mg, frequency and quantity unknown. The MTUS p. 145 states "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Also, "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of benefit to this claimant, including functional improvement, specifically from the use of tramadol and no evidence of trials and failure of or intolerance to other more commonly used first line drugs including acetaminophen. There is no evidence of an ongoing exercise program that is being continued in an effort to maintain the benefit she gets from medication use. The medical necessity of the use of tramadol 50 mg quantity unknown has not been clearly demonstrated.

Elavil 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 43.

Decision rationale: The history and documentation do not objectively support the request for amitriptyline 25 mg, frequency and quantity unknown. The MTUS states "antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks." In this case, the specific benefit to the claimant of the use of amitriptyline is unclear. There is no evidence of a four week trial followed by a specific assessment of benefit to her from the use of amitriptyline. Her pattern of use of this medication and the indications, including whether or not it is being used for depression versus chronic pain, are unclear. There is no evidence that she has been involved in an ongoing exercise program to try to maintain any benefit she gets from the use of this medication. The medical necessity of the use of amitriptyline 25 mg, frequency and quantity unknown, has not been demonstrated.

Naproxen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for continued use of naproxen 500 mg, unknown frequency and quantity, for the claimant's ongoing pain. The MTUS p. 102 state re: NSAIDs for back pain - acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: 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 (and other nociceptive pain) in with neuropathic pain." Also, "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" In this case, there is no evidence of the presence of osteoarthritis to support the continued use of an anti-inflammatory medication of this type and also no documentation of a trial and failure of use of acetaminophen. There is no evidence that the claimant has been involved in an ongoing exercise program to try to maintain any benefit she gets from the use of this medication. The medical necessity of the ongoing use of naproxen 500 mg, frequency and quantity unknown, has not been demonstrated.