MAXIMUS Federal Services

Case Number:	CM14-0160333		
Date Assigned:	10/31/2014	Date of Injury:	11/13/2001
Decision Date:	12/08/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/30/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 13, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; dietary supplements; earlier cervical fusion surgery in 2008; earlier carpal tunnel release surgery; cubital tunnel release surgery; lumbar spine surgery; and unspecified amounts of physical therapy.In a Utilization Review Report dated September 12, 2014, the claims administrator denied a request for tramadol, denied a request for Theramine, and conditionally denied a request for gabapentin. The applicant's attorney subsequently appealed. In a June 24, 2014 psychiatric medical-legal evaluation, the applicant was described as having a variety of depressive issues, adjustment disorder, and anxiety disorder with a history of alcohol abuse. The applicant had also had previous issues with narcotic overdose, the medical-legal evaluator suggested. In an April 21, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant had received a total hip arthroplasty through another provider. The applicant was asked to continue previously imposed permanent work restrictions. A pain management specialist evaluation and heating pads were endorsed. The applicant did not appear to be working with permanent limitations in place. In a June 7, 2014 psychiatric progress note, it was acknowledged that the applicant had variable issues with depression with associated tearfulness. The applicant was given refills of Effexor, Klonopin, and Ambien. It was suggested that the applicant remain off of work indefinitely. On August 6, 2014, the applicant was again kept off of work from a mental health perspective while multiple psychotropic medications were renewed. The applicant was described as very depressed. In an April 4, 2014 progress note, the applicant was given prescriptions for Ambien, a topical compound, and Norco. Trigger point injections

were performed. The applicant's permanent work restrictions were renewed. It was acknowledged that the applicant was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: 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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is not working, it has been stipulated on several occasions. The attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing tramadol usage, it is further noted. Therefore, the request is not medically necessary.

Theramine #90 2 bottles: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Chronic Pain General Principles of Treatment Medications Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional o

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines notes that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been found to have any meaningful benefits or favorable outcomes in the treatment of the same. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.