

Case Number:	CM14-0163427		
Date Assigned:	10/08/2014	Date of Injury:	05/10/2008
Decision Date:	12/02/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 depression, anxiety, panic attacks, and shoulder pain reportedly associated with an industrial injury of May 10, 2008. In a Utilization Review Report dated August 20, 2014, the claims administrator denied requests for tramadol and Toprophan, a dietary supplement. The applicant's attorney subsequently appealed. In a March 19, 2014 progress note, the applicant was given a primary diagnosis of major depressive disorder. Prescriptions for Celexa, Ambien, Ativan and Cialis were endorsed. The applicant presented with a variety of mental health issues, including depression, anxiety, and irritability. The applicant stated that his mental health issues were ameliorated with medication usage. In a March 5, 2014 procedure note, the applicant received multi-level medial branch blocks. On May 5, 2014, the applicant reported ongoing complaints of shoulder, neck, and low back pain with derivative complaints of psychological stress, depression, and anxiety. The applicant was status post left shoulder surgery and was reportedly using tramadol, Prilosec, Citrucel, and Toprophan as of this point in time, along with unspecified psychotropic medications. Laboratory testing was endorsed. The applicant was asked to continue Prilosec, Gaviscon, and Citrucel. In a handwritten note dated January 16, 2014, the applicant was placed off of work, on total temporary disability. The applicant was reportedly using tramadol as of this point in time, it was acknowledged. Handwritten note dated May 16, 2014 indicated the applicant reported ongoing complaints of low back and shoulder pain. The applicant was reportedly using Toprophan, tramadol, Prilosec, and Citrucel, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 tablet 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

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, however, the applicant was off of work, on total temporary disability. The applicant's pain complaints were seemingly heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing tramadol usage. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Toprophan 1 by mouth every every night at bedtime quantity 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), Pain (updated 7/10/14), medical food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do note that dietary supplements such as Toprophan are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider did not 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.