MAXIMUS Federal Services

Case Number:	CM14-0167510		
Date Assigned:	10/14/2014	Date of Injury:	01/17/2011
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with date of injury 1/17/11. The treating physician report dated 8/26/14 indicates that the patient presents with chronic neck pain that is rated a 7/10 and she is 3 months post cervical spine surgery. She states that the medications do improve her pain. She was recently denied the pain medication, Nucynta, which was giving her substantial relief of her symptoms. The physical examination findings were positive for tenderness of the cervical spine, decreased ROM of cervical spine and bilateral shoulders, normal reflexes, well healed scars and positive Tinels test. Current medications prescribed are: Wellbutrin, Tramadol, Omeprazole and Diclofenac. The current diagnoses are:1. Status post bilateral carpal tunnel release2. Status bilateral shoulder arthroscopy3. Right shoulder rotator cuff tendinitis4. Status post cervical spine decompression and fusion5. Left upper extremity radiculopathy6. Swallowing difficulties7. DepressionThe utilization review report dated 9/17/14 denied the request for Tramadol, Omeprazole and Wellbutrin based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 dispensed on 8/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The patient presents with chronic neck and bilateral shoulder pain and is 3 months post cervical surgery. The current request is for Tramadol ER 150mg po qd (per mouth each daily) #60 on 8/26/14. The patient has been prescribed Tramadol since at least 5/20/14. The 8/26/14 report does not provide any criteria that are outlined in the MTUS guidelines for the ongoing usage of opioids. The MTUS Guidelines do support Tramadol for chronic moderately severe pain. In reviewing the previous reports provided the treating physician never documented the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) as required for the usage of Tramadol. MTUS page 8 also states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." In this case the treating physician has failed to document that the prescribed Tramadol is improving ADLs and there is no mention of adverse effects or behaviors associated with this medication as outlined by MTUS. The utilization review physician provided authorization for Tramadol ER 150mg po qd #30 for weaning purposes in this case. Therefore, the Tramadol ER 150mg #60 dispensed on 8/26/14 is not medically necessary and appropriate.

Omeprazole 20mg #60 dispensed on 8/26/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors (PPIs), under Pain (Chronic)

Decision rationale: The patient presents with chronic neck and bilateral shoulder pain and is 3 months post cervical surgery. The current request is for Omeprazole 20mg #60 on 8/26/14. The treating physician report dated 8/26/14 states that the ongoing usage of Omeprazole gives the patient relief of gastritis. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has documented that the patient has relief of her gastritis with Omeprazole. Therefore, the Omeprazole 20mg #60 dispensed on 8/26/14 is medically necessary and appropriate.

Wellbutrin 150mg #30 dispensed on 8/26/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16, 13-14.

Decision rationale: The patient presents with chronic neck and bilateral shoulder pain and is 3 months post cervical surgery. The current request is for Wellbutrin 150mg po qd #30 on 8/26/14. The treating physician report dated 8/26/14 states, "Wellbutrin improves her neuropathic pain for the tingling and shooting down her upper extremities." The MTUS guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In this case the patient has been prescribed Wellbutrin since at least 5/20/14. The treating physician over the course of her treatments has indicated that the Wellbutrin helps decrease her bilateral arm pain and paresthesia. Therefore, the Wellbutrin 150mg #30 dispensed on 8/26/14 is medically necessary and appropriate.