

Case Number:	CM14-0170285		
Date Assigned:	10/20/2014	Date of Injury:	05/09/2012
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/15/2014

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 Texas and 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 patient is a 57 year old who was injured on 5/9/2012. The diagnoses are headache, frozen left shoulder, low back, cervical spine and left shoulder pain. There is associated diagnosis of anxiety disorder. The patient completed physical therapy (PT) treatment. On 9/4/2014, [REDACTED] noted subjective complaint of flare up of the pain in multiple locations. There are objective findings of decreased range of motion of the affected joints, positive straight leg raising test and positive apprehension test. The patient completed a Functional Improvement Questionnaire showing significant pain relief and functional improvement with the use of the medications. Topical analgesic preparations that was reported to had helped was discontinued for being non- authorized. The medications are Tramadol ER for pain and Lorazepam for anxiety. A Utilization Review determination was rendered on 9/12/2014 recommending non certification for non-certification for Tramadol ER 150mg #150 and Lorazepam 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to treatment with NSAID and physical therapy (PT). The records indicate that the patient is experiencing a flare up of the musculoskeletal pain. The topical analgesic preparation product was discontinued due to non authorization. There is documentation of significant pain relief and functional restoration with the use of the medications. There are no reported adverse effects or aberrant behaviors. The criterion for the use of Tramadol ER 150mg #60 was met. Therefore, Tramadol ER 150mg #60 is medically necessary and appropriate.

Lorazepam 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter . Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines should be limited to short time periods due to the rapid development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. It is recommended that antidepressant medications such as duloxetine or venlafaxine be utilized for the long term treatment of chronic pain associated with psychosomatic symptoms such as anxiety and depression. The records indicate that the patient had been utilizing Lorazepam chronically for the treatment of anxiety and depression. The criterion for the use of Lorazepam 2mg #30 was not met. Therefore, Lorazepam 2mg #30 is not medically necessary and appropriate.