MAXIMUS Federal Services

Case Number:	CM14-0183782		
Date Assigned:	11/10/2014	Date of Injury:	05/17/2006
Decision Date:	12/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 low back pain reportedly associated with an industrial injury of May 17, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; anxiolytic medications; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 8, 2014, the claims administrator partially approved a request for tramadol, partially approved a request for Elavil, and partially approved a request for lorazepam (Ativan). The claims administrator based its decision on a July 22, 2014 progress note. In a handwritten note dated September 23, 2014, the applicant stated that tramadol was enabling her to perform household chores. The attending provider stated that tramadol was effective. Tramadol, Elavil, and Ativan were all renewed. In a July 10, 2014 Medical-legal Evaluation, it was acknowledged that the applicant had undergone a functional restoration program some three years prior. It was stated that the applicant had attended psychotherapy. It was stated that the applicant did spent her time walking in the morning, doing some community work, and trying to stay busy given the fact that she was not working. The applicant had some obsessive compulsive tendencies, it was acknowledged. The applicant was described as using tramadol, Ativan, Elavil, and Flexeril as of that point in time. It was stated that the applicant was depressed and had been suicidal in 2010. In a July 22, 2014 office visit, handwritten, difficult to follow, not entirely legible, the applicant again reported ongoing complaints of low back pain. The applicant was given refills of tramadol, Elavil, and Ativan. It was stated that the applicant was having some issues with irritability. In an October 6, 2014 Medical-legal Evaluation, it was noted that the applicant had a lengthy history of psychiatric treatment and had to discontinue other psychotropic medications, including Paxil owing to inefficacy. The applicant did not work

since 2006, it was noted. Permanent work restrictions were endorsed. The medical-legal evaluator acknowledged that the applicant had detoxified off of stronger opioids and transitioned to tramadol, which was ameliorating the applicant's function, it was posited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #240 with five refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended Frequency of Visits While in the Trial Phase, When to Continue Opioids topic Page(s).

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. Here, while the applicant has failed to return to work, the commentary of the attending provider and attending provider, when viewed in combination, do support the proposition that the applicant is deriving appropriate analgesia from ongoing tramadol usage. Ongoing tramadol usage has facilitated the applicant's remaining active in the community, walking, and performing home exercises. Continuing the same, on balance, is indicated. The six-month supply of tramadol furnished here does conform to the California Medical Board position set forth on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines that applicants using opioids should be seen "monthly, quarterly, or semi-annually." The six-month supply of tramadol furnished here, thus, is in-line with the Medical Board of California prescribing controlled substances guidelines and page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Elavil 75mg #60 with six refills, take 2 every day at bedtime: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Elavil "may be helpful" to alleviate symptoms of depression. Here, again, the handwritten notes of the attending provider, when viewed in conjunction with the notes of the medical-legal evaluator, do support the proposition that the applicant is deriving appropriate improvements in function with ongoing Elavil usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Lorazepam 2mg #90 with 5 refills, take 1 three times a day as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, all information on file points to the applicant's using Ativan (lorazepam) on a chronic, long-term, and thrice daily use purpose, for anxiolytic effect. This is not an ACOEM-endorsed role for lorazepam. Therefore, the request is not medically necessary.