

Case Number:	CM14-0044001		
Date Assigned:	07/02/2014	Date of Injury:	11/12/2007
Decision Date:	08/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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, 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 50-year-old female with a date of injury of 11/12/2007. The listed diagnoses per [REDACTED] are: 1. Mild right carpal tunnel syndrome. 2. Mild right cubital tunnel syndrome. 3. Right shoulder tendonitis. 4. Ruptured disk L5 to S1 with radicular pain. According to progress report 09/24/2013, the patient presents with low back pain with pain radiating down her right leg. It was noted that the patient has no relief in her pain with epidurals in the past, physical therapy, or home exercises. Treater states the patient is managing her pain with Ultracet. On 12/24/2013, the patient reported ongoing low back pain and right shoulder pain. Medication regimen included Ultracet #60 and trazodone 50 mg #30. Patient is permanent and stationary. The request is for Ultracet #60 and trazodone mg #30. Utilization review denied the request on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use, Page(s): 88-89, 78.

Decision rationale: This patient presents with ongoing low back and right shoulder pain. Examination revealed tenderness and decreased range of motion of the lumbar spine. The treater is requesting a refill of Ultracet #60. Page 78 of the California Medical Treatment Utilization Schedule (MTUS) requires Pain Assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, activities of daily living (ADL's), adverse side effects and aberrant drug-seeking behavior. In this case, the treater does not provide pain assessment or outcome measures as required by MTUS. Furthermore, the treater does not address possible adverse side effects and there is no urine drug screen provided. The requested treatment is not medically necessary and appropriate.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS on Antidepressants; Medications for chronic pain , page 13-15; 60, 61 and on the Official Disability Guidelines (ODG).

Decision rationale: This patient presents with ongoing low back and right shoulder pain. The treating physician is requesting a refill of trazodone 50 mg #30. Trazodone is classified as an anti-depressant. The California Medical Treatment Utilization Schedule (MTUS) Guidelines on antidepressants page 13 to 17 states, recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain. Trazodone is also used for insomnia for patients with concurrent depression. In this case, this patient presents with pain that radiates into the bilateral upper extremity, or neuropathic pain. The medical file provided for review includes 2 progress reports from 09/24/2013 and 12/24/2013. Both reports request refill of Trazodone but here is no discussion of depression or insomnia. Furthermore, the treater does not discuss this medications efficacy to warrant continuation of this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The requested treatment is not medically necessary and appropriate.