

Case Number:	CM14-0049793		
Date Assigned:	07/02/2014	Date of Injury:	01/10/2005
Decision Date:	08/27/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 38-year-old male who reported injury on 01/10/2005. Mechanism of injury was not documented in the submitted report. The worker has a diagnosis of status post repair of the extensor tendon with some residual pain. The injured worker's past treatment includes the use of TENs unit, hand braces, and medication therapy. Diagnostics include an MRI of the right wrist. It is not documented when it was obtained. The injured worker has undergone right and left repair of extensor tendons. The injured worker complained of pain in the right hand. The injured worker rated it at a 5-7/10. The injured worker stated that the Tramadol he used for pain was helpful in decreasing the pain level and allowed him to be functional and continue to work. The injured worker also stated to have daily numbness and tingling. The injured worker's medications include Naproxen sodium 550 mg, Diclofenac sodium ER 100 mg, Lorazepam 1 mg, Trazodone 50 mg, Venlafaxine ER 75 mg, Paroxetine 20 mg, Mirtazapine 50 mg, Bupropion HCL 150 mg, Fioricet 50/325/40 mg, Cyclobenzaprine 7.5 mg, Orphenadrine citrate 100 mg, Tizanidine 4 mg, Topiramate 50 mg, Omeprazole 20 mg, Tramadol/APAP 37.5/325 mg, Tramadol 50 mg, and Ondansetron 8 mg. The treatment plan is for a refill of Tramadol ER 150 mg, Protonix 20 mg, and Trazodone 50 mg. The rationale for the request is the medications are helping the injured worker with pain levels. The request for authorization form was submitted 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78, 80.

Decision rationale: The injured worker complained of pain in the right hand. The injured worker rated it at a 5-7/10. The California Medical Utilization Schedule (MTUS) guidelines require documentation of on-going review, documentation of pain relief, functional status, appropriate medication use and side effects for the injured worker on the chronic opioid therapy. MTUS guidelines also state that there appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as Acetaminophen or NSAIDs when there is evidence of moderate to severe pain. The submitted report revealed no evidence that the injured worker had a diagnosis of neuropathic pain. The report also lacked any quantified evidence of effectiveness on functional improvements with the use of the Tramadol. There were no notes suggesting what pain levels were before, during, and after medication. There was no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and adherent drug taking behavior. Furthermore, the submitted report showed that the injured worker had been taking Tramadol since at least 06/19/2013. The request as submitted did not include the frequency or the quantity of the medication. Given the guidelines above, the injured worker is not within the MTUS guidelines. As such, the request for Tramadol ER 150 mg is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker complained of pain in the right hand. The injured worker rated it at a 5-7/10. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking naproxen sodium 550 mg. However, there was no documentation indicating that he had complaints of dyspepsia with use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request for Protonix 20 mg #60 is not medically necessary.

Trazodone 50mg #60: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The injured worker complained of pain in the right hand. The injured worker rated it at a 5-7/10. The California MTUS guidelines do not recommend SSRIs, such as Trazodone as a treatment for chronic pain, but SSRI's may have a role in treating secondary depression. SSRI's, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The submitted report lacked any evidence showing that the injured worker had a diagnosis of depression. As per guidelines above, it is not recommended to be taken as treatment for chronic pain. In absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request for Trazodone 50 mg #60 is not medically necessary.