

Case Number:	CM14-0061015		
Date Assigned:	07/09/2014	Date of Injury:	04/23/2011
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 49-year-old female with a 4/23/11 date of injury, when she lifted boxes of produce and developed right shoulder and neck pain. A 1/22/14 pain management note documented persistent neck and right shoulder pain. She is feeling depressed and frustrated with regard to the situation. She wishes to return to work but is fearful of reinjury. Tramadol and Flexeril is utilized for pain and increase function, with no aberrant behavior. FRP (functional rehabilitation program) was requested. A 3/4/14 psychological evaluation described complaints of neck, right shoulder and wrist pain. The patient was noted to be utilizing tramadol and Flexeril. The patient reported receiving psychological counseling for depression several years previously and took Celexa. There were complaints of anxiety, depression, mild sleep difficulties, and moderate physical problems due to chronic pain and no problems with social relationships. CBT (cognitive behavioral therapy) for depression, bio behavior therapy for insomnia, and group therapy to decrease disability perception was requested, as well as physical therapy (PT) and medication management. A 3/12/14 progress note documented that the patient is frustrated and depressed with her situation. Refill of Tramadol and Flexeril was requested, as well as an addition of BuSpar for anxiety. A UDS (urinary drug screen) was performed. A 3/12/14 UDS was negative for all medications. Treatment to date has included right shoulder arthroscopy (11/2012), ESI (epidural steroid injection), activity modification, PT, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 times 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Section 9792.24.2., page 82.

Decision rationale: This request previously obtained an adverse determination as multiple notes did not document the medication regime with dosage and frequencies, as well as for lack of documented degree of pain relief, functional improvement, and assessment of side effects/drug reactions. There was no discussion regarding weaning/tapering. CA MTUS does not recommend Tramadol as a first line treatment option for pain management and requires documentation of pain relief, functional status, appropriate medication use, and side effects. Within the context of this appeal, no additional records were provided describing duration of use, improvement in VAS scores, specific functional improvement, and a pain contract. The patient has a 2011 date of injury, and duration of use has not been discussed, as well as ongoing medication review with evaluation of compliance. The request is not medically necessary.

Flexeril 10mg #60 times 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. (page 63).

Decision rationale: In a 2011 date of injury, duration of use has not been discussed. CA MTUS does not support chronic pain management with the use of muscle relaxants, reserving them for short-term treatment of acute exacerbations. There is no discussion of an acute exacerbation. Medical necessity for the requested muscle relaxant is not established.

Buspar 10mg 1 po bid for anxiety: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The FDA; (<http://www.drugs.com/pro/buspirone.html>); (<http://www.ncbi.nlm.nih.gov/pubmed/17875106>).

Decision rationale: The FDA states that Buspirone is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. The 3/12/14 progress note described frustration, depression, and anxiety. Treatment plan documented the addition of BuSpar for anxiety. A psychological evaluation on 3/4/14 also described complaints of anxiety, depression, and sleep difficulties. Psychotherapy was recommended. As the patient had not been using this medication previously and there is documentation of increased anxiety, short term use of BuSpar is medically reasonable and substantiated. Medical necessity for the requested BuSpar is established.

