

Case Number:	CM14-0070018		
Date Assigned:	07/16/2014	Date of Injury:	07/09/2009
Decision Date:	09/10/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine and Rehabilitation 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:

This 40 year-old patient sustained an injury on 7/9/09 while employed by [REDACTED]. Request(s) under consideration include Trazodone 50mg 1-2 qhs (bedtime) #60, Oxycodone HC 15mg 1 po q (orally every) 4-6 hours (not to exceed 5/day) #75, and Tramadol HCL on PO q. (orally every) 8-12 hours #60. Report of 4/18/14 from the provider noted the patient with chronic severe back and neck pain with progressively worsened right shoulder and neck pain rated at 10/10 with or without medications. Exam showed decreased DTRs (deep tendon reflexes) in the upper extremities. Conservative care has included physical therapy, medications, work hardening, trigger point injections, stellate ganglion blocks, cervical RFA, and activity modification/rest. There is history of right shoulder arthroscopy. MRI of cervical spine dated 6/24/14 showed no change from prior study of 9/24/12 with multilevel disc/osteophyte complex at C3-4 and C5-6 without mild canal stenosis and foraminal narrowing, unchanged from prior. Report of 5/28/14 noted chronic severe neck and back pain with pain relief from CESI (cervical epidural steroid injection) on 5/7/14; however, pain rated at 8-10/10. Medications list unchanged with Oxycodone, Tramadol, Trazodone, Percocet, Ambien, and Medrol Pak. Clinical exam was unchanged. Diagnoses included fibromyalgia, shoulder impingement on right/ pain in joint; cervical radiculopathy/ spondylosis and intervertebral disc without myelopathy. The patient remained P&S and medications were refilled. Request(s) for Trazodone 50mg 1-2 qhs (at bed time) #60, Oxycodone HC 15mg 1 po q (orally every)4-6 hours (not to exceed 5/day) #75, and Tramadol HCL on PO q. (orally every) 8-12 hours #60 were non-certified on 4/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Treatment of Chronic Persistent Pain Page(s): 13-16.

Decision rationale: According to the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore, the request of Tramadol HCL #60 is not medically necessary and appropriate.

Oxycodone HC 15mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and amp: Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of

random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore, the request of Oxycodone HC 15mg #75 is not medically necessary and appropriate.

Tramadol HCL on PO q. 8-12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and amp: Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 40 year-old patient sustained an injury on 7/9/09 while employed by [REDACTED]. Request(s) under consideration include Trazodone 50mg 1-2 q hs #60, Oxycodone HC 15mg 1 po q 4-6 hours (not to exceed 5/day) #75, and Tramadol HCL on PO q. 8-12 hours #60. Report of 4/18/14 from the provider noted the patient with chronic severe back and neck pain with progressively worsened right shoulder and neck pain rated at 10/10 with or without medications. Exam showed decreased DTRs in the upper extremities. Conservative care has included physical therapy, medications, work hardening, trigger point injections, stellate ganglion blocks, cervical RFA, and activity modification/rest. There is history of right shoulder arthroscopy. MRI of cervical spine dated 6/24/14 showed no change from prior study of 9/24/12 with multilevel disc/osteophyte complex at C3-4 and C5-6 without mild canal stenosis and foraminal narrowing, unchanged from prior. Report of 5/28/14 noted chronic severe neck and back pain with pain relief from CESI on 5/7/14; however, pain rated at 8-10/10. Medications list unchanged with Oxycodone, Tramadol, Trazodone, Percocet, Ambien, and Medrol Pak. Clinical exam was unchanged. Diagnoses included fibromyalgia, shoulder impingement on right/ pain in joint; cervical radiculopathy/ spondylosis and intervertebral disc without myelopathy. The patient remained P&S and medications were refilled. Request(s) for Trazodone 50mg 1-2 q hs #60, Oxycodone HC 15mg 1 po q 4-6 hours (not to exceed 5/day) #75, and Tramadol HCL on PO q. 8-12 hours #60 were non-certified on 4/29/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional

improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol HCL on PO q. 8-12 hours #60 is not medically necessary and appropriate.