MAXIMUS Federal Services

Case Number:	CM14-0080118		
Date Assigned:	07/18/2014	Date of Injury:	10/02/2007
Decision Date:	12/30/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 45-year-old female with a date of injury of 10/02/2007. The listed diagnoses are:1.Mid to low back pain with thoracic radiculopathy, status post recent surgery.2.Myofascial pain.3.Neck pain with cervical radiculopathy.According to progress report 03/13/2014, the patient recently slipped on uneven pavement and this significantly exasperated her right chest wall pain. The patient notes that "the medications are simply not helping with the flareup of pain." It was noted the patient continues with work. Examination finding revealed limited range of motion in the cervical and lumbar spine. There was tenderness to pressure bilaterally at the C5 to C6 and C6 to C7 levels. Spurling's test is positive bilaterally. Sensation was decreased over the C6 dermatomes bilaterally. The treater recommends a spinal cord stimulator. There is 1 more handwritten report provided for review. This is a Doctor's First Report. Date of report is unnoted. According to this report, the patient is status post fall with midline and low back pain. Patient has paravertebral tenderness and muscle spasms in the upper and lower back. There was restricted range of motion noted. Recommendation was for wrist, followup with ortho, PT/OT, and tramadol 50 mg. This report was handwritten and partially illegible. Utilization review denied the request for medications on 05/15/2014. The medical file includes 1 Doctor's First Report (date is unnoted) and progress report from 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 with 6 refills: Upheld

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 criteria for use of opioids Page(s): 78, 88, 89.

Decision rationale: This patient has an exasperation of pain following a slip and fall. The current request is for tramadol 50 #30 with 6 refills. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Utilization review denied the request stating that multiple refills in advance are not considered appropriate for an opioid medication. Certification was modified to #30 with the 6 refills non-certified. It is unclear after reviewing the medical file when the patient was first prescribed tramadol. In this case, recommendation for further use of medications cannot be supported as the treater states in his progress report dated 03/13/2014 that "medications are simply not helping with the flare of pain." The treater made a request for a spinal cord stimulator as current pain medications were inadequate. In this case, the treater states that patient's medications, including Tramadol, are currently not working. Furthermore, the treater does not provide any sufficient documentation for opiate management as required by MTUS. There is no Urine drug screen to monitor for compliance, or any discussions of possible aberrant behaviors are not addressed. In this case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. The request is not medically necessary.

Nortriptyline 50mg #30 with 6 refills: Upheld

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 Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pain Chapter

Decision rationale: This patient has an exasperation of pain following a slip and fall. The current request is for Nortriptyline 50mg #30 with 6 refills. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." For insomnia, ODG guidelines under its Pain Chapter, states "Sedating antidepressants (e.g., amitriptyline, Trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be

an option in patients with coexisting depression." In this case, recommendation for further use cannot be supported as the treater provides no discussion on whether or not this medication is doing anything for the patient's pain and function. MTUS require documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.

Maxalt 10mg #30 with 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans

Decision rationale: This patient has an exasperation of pain following a slip and fall. The current request is for Maxalt 10 mg #30 with 6 refills. The MTUS and ACOEM guidelines do not discuss Maxalt. However, ODG guidelines have the following regarding Triptans for headaches: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." This patient has cervical and thoracic spine symptomatology as stated in report dated 3/13/14. Triptans are recommended for migraines which this patient does not suffer from. The requested Sumatriptan is not medically necessary.

Promethazine 25mg #60 with 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea)

Decision rationale: This patient has an exasperation of pain following a slip and fall. The current request is for promethazine 25 mg #60 with 6 refills. The current request is for promethazine 25 mg #60 with 6 refills. The progress reports provided for review do not provide any discussion regarding this medication. Utilization review dated 05/15/2014 states that the treater has provided this medication due to nausea associated with tramadol. The MTUS and ACOEM Guidelines do not discuss Promethazine. However, ODG guidelines states "Promethazine (Phenergan) is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations." This medication is not recommended as an antiemetic for chronic opiates use. The request is not medically necessary.