

Case Number:	CM14-0113915		
Date Assigned:	08/04/2014	Date of Injury:	04/25/2012
Decision Date:	01/30/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 59 year old male with an injury date on 04/25/2012. Based on the 06/07/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar DDZ 2. Lumbar Radiculitis 3. Shoulder Pain 4. Cervical SP/ST 5. Cervical Radiculitis. According to this report, the patient complains of "conti. LBP intermittently radiates to LE bilaterally." Pain is rated as a 6/10. The 05/10/2014 report indicates patient's pain is a 6/10 "LBP intermittently radiates to Left LE." Patient's physical exam findings were not provided in the 05/10/2014 and 06/07/2014 reports. Treatment to date includes TENs unit and medications. The treatment plan is refill Tramadol/APAP, cont. HEP and TENs, CBT X 6, and psychiatrist eval/f/u for medications. The patient's work status is "works full time with restriction." There were no other significant findings noted on this report. The utilization review denied the request for Setraline 50 mg, #60 and Tramadol APAP #60, and (3) on 07/14/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/18/2014 to 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Setraline 50 mg, #60: Overturned

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; SSRIs Page(s): 13-15; 107.

Decision rationale: According to the 06/07/2014 report, this patient presents with 6/10 "LBP intermittently radiates to LE bilaterally." The current request is for Sertraline 50 mg, #60. This medication was first mentioned in the 06/07/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS pages 13-15 states, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." In reviewing the provided reports, the treating physician states the "patient is depressed but no SI, Sertraline 50mg is helpful for managing his mood." The patient has been "taking medications regularly and is helpful to manage pain (50-60%)." In this case, the patient has been taking Sertraline for his pain and depression, and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the request is medically necessary.

Tramadol APAP 37.5/325, #60: 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 Opioid use Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 06/07/2014 report, this patient presents with 6/10 "LBP intermittently radiates to LE bilaterally." The current request is for Tramadol APAP 37.5/325, #60. This medication was first mentioned in the 06/07/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. There is no documentation provided discussing functional improvement, ADL's or returns to work. No aberrant drug seeking behavior is discussed in the records provided. There is no opiate monitoring such as urine toxicology or CURES in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the request is not medically necessary.