

Case Number:	CM14-0197344		
Date Assigned:	12/05/2014	Date of Injury:	02/28/2003
Decision Date:	01/26/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 49 year old male with an injury date of 02/28/03. The patient is status post right hand surgery in March 2014, as per progress report dated 09/18/14, and status post right long finger trigger digit release on 12/16/13, as per operative report. As per progress report dated 11/04/14, he complains of sharp, constant neck pain rated at 8-9/10 that radiates to the low back. The patient also suffers from right hand pain rated at 7-8/10. Physical activity worsens the pain while rest and medications help lessen it. Physical examination reveals pain in the cervical paraspinal muscles along with a positive Tinel's sign. Based on psychological evaluation dated 09/18/14, the patient was diagnosed with depression, PTSD (in partial remission), and Pain disorder. The patient has right carpal tunnel syndrome, as per progress report dated 09/15/14. Current medications include Ultram and Trazodone, as per progress report dated 11/04/14. The treating physician is also prescribing Miralax, Effexor, Baclofen, Thermacare patch, and Ibuprofen, as per the same report. The patient has been allowed to return to work with some restrictions, as per progress report dated 11/04/14. Diagnoses, 11/04/14:- Cervical radiculopathy s/p fusion with instrumentation- Lumbar strain The treating physician is requesting for (a) TRAZODONE 50 mg # 100 (b) EFFEXOR 37.5 mg # 30 (c) ULTRAM 50 mg # 30 (d) MIRALAX 17 mg # 30, 3 REFILLS. The utilization review determination being challenged is dated 11/19/14. The rationale follows:(a) TRAZODONE 50 mg # 100 - The request has been modified to # 25.(b) EFFEXOR 37.5 mg # 30 - "A review of the medical records failed to reveal evidence of neuropathic pain." (c) ULTRAM 50 mg # 30 - "A review of the available medical records does not reveal any evidence of sustained functional improvement with the use of this medication."(d) MIRALAX 17 mg # 30, 3 REFILLS - The request was modified to 2 bottles of Miralax. Treatment reports were provided from 12/16/13 - 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #100: Overturned

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) Chapter 'Mental Illness & Stress' and topic 'Trazodone (Desyrel).'

Decision rationale: The patient presents with sharp, constant neck pain rated at 8-9/10 that radiates to the low back along with right hand pain rated at 7-8/10, as per progress report dated 11/04/14. The request is for TRAZODONE 50 mg # 100. The patient is status post right hand surgery in March 2014, as per progress report dated 09/08/14, and status post right long finger trigger digit release on 12/16/13, as per operative report. Based on psychological evaluation dated 09/18/14, the patient was diagnosed with depression, PTSD (in partial remission), and Pain disorder. ODG Guidelines, chapter 'Mental Illness & Stress' and topic 'Trazodone (Desyrel)' state the following: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." The first prescription for Trazodone was noted in progress report dated 01/09/14. The patient has been receiving medication consistently since then. In progress report dated 11/04/14, the treating physician states that Trazodone will help with the patient's "chronic myofascial pain and sleep" at night. In psychological evaluation dated 09/18/14, the treating physician states that his "sleep and memory" are still poor. The patient has also been diagnosed with depression, as per the same progress report. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. Hence, this request IS medically necessary.

Effexor 37.5mg #30: 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), Chapter 'Pain (Chronic)' and topic 'Venlafaxine (Effexor®)'.
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Decision rationale: The patient presents with sharp, constant neck pain rated at 8-9/10 that radiates to the low back along with right hand pain rated at 7-8/10, as per progress report dated 11/04/14. The request is for EFFEXOR 37.5 mg # 30. The patient is status post right hand surgery in March 2014, as per progress report dated 09/08/14, and status post right long finger trigger digit release on 12/16/13, as per operative report. Based on psychological evaluation dated 09/18/14, the patient was diagnosed with depression, PTSD (in partial remission), and Pain

disorder. As per MTUS guidelines, pages 16 - 17, state that "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Venlafaxine (Effexor)', state that Effexor is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants." In this case, Effexor is first mentioned in progress report dated 11/04/14. Prior progress reports mention the use of Cymbalta at least since 01/20/14. The treating physician does not explain the reason for this switch. In progress report dated 11/04/14, the treating physician states that Effexor is recommended to help with the patient's "chronic pain." ODG guidelines also approve the medication for neuropathic pain. However, a review of available reports does not indicate any signs or symptoms of neuropathy. The treating physician does not discuss how this medication has been helpful with "chronic pain," either. Hence, this request IS NOT medically necessary.

Ultram 50mg #30: 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 Medications for chronic pain; Criteria for Use of Opioids Page(s): 60,61;76-78;88-89.

Decision rationale: The patient presents with sharp, constant neck pain rated at 8-9/10 that radiates to the low back along with right hand pain rated at 7-8/10, as per progress report dated 11/04/14. The request is for ULTRAM 50 mg # 30. The patient is status post right hand surgery in March 2014, as per progress report dated 09/08/14, and status post right long finger trigger digit release on 12/16/13, as per operative report. Based on psychological evaluation dated 09/18/14, the patient was diagnosed with depression, PTSD (in partial remission), and Pain disorder. 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 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. The first request for Ultram was seen in progress report dated 01/20/14. In progress report dated 11/04/14, the treating physician states that Ultram has been prescribed for "chronic pain." However, the treating physician does not discuss a change in pain scale due to Ultram use. There is no documentation of functional improvement related to opioid use. No urine drug screens and CURES reports have been provided for review. The treating physician does not discuss side effects as well. The four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior' are not specifically addressed. The request IS NOT medically necessary.

Miralax 17gm #30 with 3 refills: Overturned

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), Chapter Pain (Chronic) and topic Opioid-Induced Constipation Treatment

Decision rationale: The patient presents with sharp, constant neck pain rated at 8-9/10 that radiates to the low back along with right hand pain rated at 7-8/10, as per progress report dated 11/04/14. The request is for MIRALAX 17 mg # 30, 3 REFILLS. The patient is status post right hand surgery in March 2014, as per progress report dated 09/08/14, and status post right long finger trigger digit release on 12/16/13, as per operative report. Based on psychological evaluation dated 09/18/14, the patient was diagnosed with depression, PTSD (in partial remission), and Pain disorder. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment', state the following about laxatives such as Miralax "First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." The first prescription for Miralax can be seen along with Ultram (opioid) in progress report dated 01/20/14. The patient has received the medication consistently since then. While the treating physician does not document symptoms of constipation, the medication may have been prescribed on a prophylactic basis. The treating physician does not discuss other simple treatments such as exercise and diet. However, ODG guidelines allow for over-the-counter laxatives as part of first-line therapy and prophylaxis during opioid use. Hence, this request IS medically necessary.