

Case Number:	CM14-0200280		
Date Assigned:	12/10/2014	Date of Injury:	09/03/2010
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work-related injury on September 3, 2010. Subsequently, he developed chronic neck and back pain. Prior treatments included: medications; trigger point injections, with 50% pain relief (last one was performed on April 22, 2014); right median nerve block; and a right medial epicondyle steroid injection on August 19, 2014. According to the progress report dated October 21, 2014, the patient complained of constant neck and upper and lower back pain, as well as frequent pain and numbness in both hands. The patient had joint pain in the wrists and elbows. The patient rated his pain level as a 7-9/10 without medications. The patient felt severely depressed and he was having severe trouble sleeping without the medications. On examination, the range of motion of the cervical and lumbar spine was slightly to moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapular, scalene, and infraspinatus musculature. The right medial epicondyle area was tender to palpation. The range of motion of the bilateral wrists was slightly decreased in all directions. The patient was diagnosed with chronic headaches, bilateral C6 radiculopathy, chronic myofascial pain syndrome, moderate to severe cervicothoracic spine, moderate right carpal tunnel syndrome, mild bilateral ulnar entrapment at the elbows, major depression, and insomnia. The provider requested authorization to use Tramadol HCL ER, Mirtazapine, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Er 150mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. The patient has not been working for over 6 months. There is no objective documentation of pain severity level to justify the use of tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol HCL ER 150 mg #45 is not medically necessary.

Mirtazapine 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for chronic pain , <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: Mirtazapine is a selective serotonin re-uptake inhibitor. According to ODG guidelines, Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin re-uptake 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. There is no documentation of pain reduction and functional improvement with previous use of Mirtazapine. The patient has been using the medication for depression and insomnia, but his most report did not document any improvement. Therefore, the request for Mirtazapine 15 mg #90 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine HCL 7.5MG #90 is not medically necessary.