

Case Number:	CM14-0202405		
Date Assigned:	12/15/2014	Date of Injury:	03/20/2000
Decision Date:	02/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/03/2014

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 Occupational Medicine 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 57 year-old female with a date of injury of 4/13/2000. A review of the medical documentation indicates that the patient is undergoing treatment for neck pain, headaches, and right upper extremity pain. Subjective complaints (10/29/2014) include overall pain of 6/10 intensity, continued but decreased migraines, and depression. Objective findings (10/29/2014) include tenderness in the cervical musculature and suboccipital region; multiple trigger points in the cervical, trapezius, and scapular areas; decreased cervical range of motion; right upper extremity tenderness to palpation on the posterior and medial elbow; decreased range of motion of the right shoulder; hypersensitivity in the first and second digit, and positive Tinel's and Finkelstein's test of the right wrist; lumbar musculature tenderness to palpation; antalgic gait; decreased sensation; and positive bilateral straight leg test. Diagnoses include sympathetically mediated pain of the right upper extremity; s/p right carpal tunnel and De Quervain's release and ulnar nerve transposition; left carpal tunnel syndrome, right shoulder impingement syndrome; cervical spine sprain/strain syndrome with associated headaches; lumbar myoligamentous injury with bilateral radiculopathy; and lumbar facet arthropathy. The patient has undergone studies to include brain CT (5/2014), reported normal; lumbar spine CT (12/2009), reported disc protrusion at L3-S1 and stenosis; cervical spine MRI (9/2005), reported disc protrusion C5-6; right elbow MRI (5/2005), reported postsurgical changes. The patient has previously undergone elbow surgery, SCS and SCFS dual Octrode implant, and multiple medication therapy. A utilization review dated 11/18/2014 did not certify the request for retrospective Anaprox 550 mg #60, Ultram ER 150 mg #30, and Relpax #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Naproxen Page(s): 67-72; 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Anaprox is the brand name for Naproxen, a NSAID class of medication. According to MTUS guidelines, NSAIDs are recommended for acute exacerbation of musculoskeletal pain at the lowest effective dose for the shortest amount of time. Side effects with long-term use include cardiovascular risk as well as renal, hepatic, and gastrointestinal issues. The medical documentation indicates the patient has been on this medication for an extended period of time, in excess of what would be considered short-term use. Although Naproxen could potentially be utilized as first-line therapy for an acute exacerbation, the treating physician has indicated this is to be used for chronic management of pain. The documentation does not state any clear functional improvement while on this medication, as there are significant physical findings and the assessment portion of the most recent note states "this patient continues to suffer debilitating neck pain, CRPS symptoms in the upper extremities." The patient is also on other pain medication. There is no clear documented benefit to the chronic use of this medication. Therefore, the request for retrospective Anaprox 550 mg #60 is not medically necessary at this time.

Retro Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 74-96; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: Ultram is the brand name of tramadol, and is classified as central acting synthetic opioid, exhibiting opioid activity. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. For tramadol specifically, according to MTUS guidelines, tramadol is not recommended as a first-line oral analgesic. ODG states that tramadol is not recommended as a

first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failure of first-line therapy, and the patient is also on other pain medication. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The documentation indicates that the patient continues to have severe pain and decreased functional status. Therefore, the request for retrospective Ultram ER 150 mg #30 is not medically necessary at this time.

Retro Relpax #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

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

Decision rationale: Relpax is the brand name for eletriptan, a triptan class of medication. MTUS does not address the use of triptans. ODG states that triptans are recommended for migraine sufferers. ODG additionally states that at marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients, and a poor response to one does not predict response to other agents. The medical documentation does support a documentation of chronic migraine headaches. Previous notes indicate that the patient was on Imitrex in the past, so it appears that some kind of triptan has been in the patient's medication regimen for some time. The most recent note dated 10/29/2014 states that "She (patient) reports a 75% decrease in her migraine headaches almost 5 months later, when normally she would have had six to eight of them. She continues to receive significant benefit in the intensity, frequency, and duration of her migraine headaches 3 months later." However, this improvement is primarily attributed to the Botox injections the patient has been receiving. There is no discussion of the contribution of medication to this improvement, and additional evidence to support its use is preferred. However, it appears to be reasonable to assume that a common medication used for migraine headaches would be appropriate to use in conjunction with Botox injections. There is strong evidence for the effectiveness of triptans in migraines, and treating physician states that the headaches are likely the most limiting diagnosis the patient suffers from in regards to functional capacity. Although the documentation does have some deficiencies, the evidence-based recommendations and current response do appear to support the use of the medication. Therefore, I am reversing the prior UR decision, and the request for retrospective relpax #10, IS medically necessary.