

Case Number:	CM14-0202926		
Date Assigned:	12/15/2014	Date of Injury:	03/25/2011
Decision Date:	02/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 70 year old male with an injury date of 03/25/11. Based on the 08/28/14 report, the patient reports he has been experiencing constant neck, upper back, and lower back pain that has varied from 5-6/10 without medication. He remains depressed and rated his depression as a 4/10. The 10/09/14 progress report states that the patient has pain and numbness in his bilateral lower extremities and he ambulates with a cane. The range of motion of the bilateral shoulders were slightly decreased in all directions. The 11/20/14 report states he continues to experience constant pain in his neck and back but notes he has been getting up to 80% pain relief with his current medications and trigger point injections. He could not perform heel to toe gait well with the left leg and demonstrated a limp. 1. Chronic Myofascial pain syndrome, cervical and thoracolumbar spine, moderate to severe2. Left ulnar nerve entrapment at the elbow3. Left L4-5 Radiculopathy4. Chronic Sprain injury of let shoulder5. NSAIDS-induced gastritis
The utilization review being challenged is dated 11/06/14. Treatment reports provided from 05/15/14 - 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with constant neck pain, upper back pain, and lower back pain. The request is for Tramadol/APAP 37.5/325 MG #120. The patient has been taking this medication as early as 07/17/14. MTUS Guidelines pages 88, 89 states that, "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 07/17/14 report states that the patient rates his pain as a 5-6/10. "He says his pain is well controlled with his current medications so that he has been able to perform activities of daily living as well. He feels that his current pain and discomfort is moderately impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people. The 08/28/14 report states that the patient rates his pain as a 5-6/10. The patient rates his pain as a 4-6/10 on the 10/09/14 report. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Tramadol is not medically necessary.

Mirtazapine 15mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, medication for chronic pain Page(s): 13-16, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, under insomnia.

Decision rationale: Mirtazapine (Remeron) is classified as an antidepressant. The MTUS Guidelines page 13 states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status." The ODG Guidelines pain chapter, under insomnia 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, but they may be an option in patients with coexisting depression." The

07/17/14 report states "He feels that his current pain and discomfort is moderately impacting his general activity and enjoyment of life, to include his ability to concentrate and interact with other people. He remains depressed and rated his depression as 6/10." On the 08/28/14 report, the patient rates his depression as a 4/10. "He has noted slight problems sleeping." The 10/09/14 report indicates that the patient has been taking "Remeron for his chronic pain, depression and insomnia with benefit. He feels moderately depressed. He has moderate problems sleeping without his current medications." The MTUS page 60 requires documentation of pain and function when medications are used for chronic use. It appears as though the patient is obtaining relief from Mirtazapine, his pain dropping from a 6/10 to a 4/10. Mirtazapine is effective in managing the patient's current conditions including the patient's depression insomnia, and chronic pain. Given that the patient is receiving benefit from Mirtazapine, the request is medically necessary.

Omeprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with constant neck pain, upper back pain, and lower back pain. The request is for Omeprazole 20mg #90 for NSAIDs-induced gastritis. The patient has been taking this medication as early as 07/17/14. MTUS Guidelines pages 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The available medical records indicate that the patient is currently taking Mirtazapine, Omeprazole, and Tramadol/APAP. The 10/09/14 report states that "Prilosec has been helping to alleviate his abdominal pain that has arisen due to NSAIDs gastritis. In this case, the patient is diagnosed with NSAIDs-induced gastritis. His prior use of Omeprazole has provided him with relief. Therefore, the requested Omeprazole is medically necessary.