

Case Number:	CM15-0003815		
Date Assigned:	01/14/2015	Date of Injury:	02/21/2012
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 44 year old female, who sustained an industrial injury on 02/21/2012. She has reported subsequent bilateral shoulder, low back and lower extremity pain. The diagnoses have included lumbar radiculitis, left piriformis syndrome, major depressive disorder, anxiety disorder and bilateral shoulder adhesive capsulitis. Treatment to date has included oral pain medication and epidural injections. Documentation shows that Tramadol was a chronic medication since at least 06/23/2014. The most recent PR-2 from 09/12/2014 showed that the injured worker was reporting an improvement in pain with increased walking activity and indicated that pain medication and psychological treatment were effective. Objective physical examination findings were notable for a restricted gait, coccygeal, left piriformis and lumbar spine tenderness, left sided straight leg raise and pain to palpation of the right shoulder with markedly limited range of motion. The physician noted that Duexis was being requested for pain flare-ups, Tramadol was requested for breakthrough pain, Lorazepam was requested for panic attacks and Lexapro was requested for depression/anxiety. On 12/10/2014, Utilization Review non-certified requests for Tramadol noting that there was no documentation of pain reduction and functional improvement, Duexis noting that no first line treatments were described as having failed, Lorazepam noting that long term use is not supported and Lexapro 20 mg per day as needed noting that this medication is not recommended on an as needed basis. MTUS Chronic Pain and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids f.

Decision rationale: The requested Tramadol 50 mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has improved pain. The treating physician has documented a restricted gait, lumbar tenderness, positive left-sided straight leg raising tests and painful and restricted right shoulder range of motion. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50 mg is not medically necessary.

Duexis 800/26.6mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/lexapro-drug/indications-dosage.htm>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), C.

Decision rationale: The requested Duexis 800/26.6 mg, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2)

history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has improved pain. The treating physician has documented a restricted gait, lumbar tenderness, positive left-sided straight leg raising tests and painful and restricted right shoulder range of motion. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use or hepatorenal lab testing. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Duexis 800/26.6 mg is not medically necessary.

Lexapro 20mg: 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 CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15 Page(s).

Decision rationale: The requested Lexapro 20 mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem. The injured worker has improved pain. The treating physician has documented a restricted gait, lumbar tenderness, positive left-sided straight leg raising tests and painful and restricted right shoulder range of motion. The treating physician has not documented failed trials of tricyclic antidepressants nor functional improvement from its use. The criteria noted above not having been met, Lexapro 20 mg is not medically necessary.

Lorazepam 0.5mg: 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 CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24 Page(s): Page 24.

Decision rationale: The requested Lorazepam 0.5 mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has improved pain. The treating physician has documented a restricted gait, lumbar tenderness, positive left-sided straight leg raising tests and painful and restricted right shoulder range of motion. The treating physician has not documented

the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Lorazepam 0.5 mg is not medically necessary.