MAXIMUS Federal Services

Case Number:	CM15-0104217		
Date Assigned:	06/08/2015	Date of Injury:	07/29/2011
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 49 year old male with a July 29, 2011 date of injury. A progress note dated April 23, 2015 documents subjective findings (worsening shoulder pain; pain rated at a level of 9/10 at best and 10/10 at worst), objective findings (decreased range of motion pf the right shoulder; tenderness anteriorly and there is some complaint of pain with internal rotation if the right shoulder; posterior cervical paraspinous tenderness and minimal lumbosacral paraspinous tenderness; range of motion of both the neck and back are limited in all directions; positive straight leg raises bilaterally), and current diagnoses (cervical spondylosis; muscle spasm; lumbosacral sprain/strain; lumbosacral spondylosis without myelopathy). Treatments to date have included imaging studies, chiropractic treatments, and medications. The treating physician documented a plan of care that included Ultram, Vistaril, and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Ultram 50mg tablet #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use.

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 psycho-social 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. 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 her medications. Therefore, the prescription of Retro Ultram 50mg tablet #180 is not medically necessary.

RETRO Vistaril 25mg capsule, #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Anxiety medications for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (http://worklossdatainstitute. verioiponly.com/ odgtwc/pain.htm.

Decision rationale: Vistaril is a sedative antihistaminic drug proposed by the provider to treat the patient insomnia and anxiety. However, tolerance to this drug may develop within few days. According to ODG guidelines, pharmacological treatment of insomnia is not recommended without full characterization of the sleep disorder (primary sleep problem or secondary to the patient pain, medical or psychiatry disorders). Therefore, the request for RETRO Vistaril 25mg capsule, #200 is not medically necessary.

RETRO Amitriptyline 100mg tablet, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13.

Decision rationale: According to MTUS guidelines, tricyclics (Amitriptyline is a tricyclic antidepressant) are generally considered as a first a first line agent for pain management unless they are ineffective, poorly tolerated or contraindicated. There is no clear justification of the prescription of Amitriptyline in the patient file. The patient developed chronic pain syndrome that did not respond to previous use of Amitriptyline. Therefore, the retro Amitriptyline 100mg tablet, #180 is not medically necessary.