

Case Number:	CM15-0015077		
Date Assigned:	02/03/2015	Date of Injury:	08/18/2004
Decision Date:	04/21/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 8/18/2004. The mechanism of injury was not noted. The diagnoses have included discogenic cervical condition and right shoulder impingement. Treatment to date has included conservative measures. Currently, the injured worker complains of persistent neck pain, muscle spasms, stiffness, and tightness. She also reported right shoulder pain with decreased range of motion. She was working full time. She needed refill of medications "to be functional". Medications included Norco for pain, Soma for muscle spasms, Tramadol ER for pain, Wellbutrin for depression, and Nalfon for inflammation. Treatment plan also included magnetic resonance imaging of the thoracic spine, LidoPro, Terocin patches, and psychiatry referral. Her mood was not documented. Objective findings noted tenderness along the trapezius and shoulder girdles bilaterally and pain with facet loading. Magnetic resonance imaging of the cervical spine (7/21/2014) was documented as showing disc herniation at C2-C7. On 1/09/2015, Utilization Review non-certified a request for magnetic resonance imaging of the thoracic spine, citing ACOEM Guidelines, non-certified a request for Tramadol 150mg, citing MTUS Guidelines, non-certified a request for LidoPro 4 ounces, citing MTUS Guidelines, non-certified a request for Terocin patches #20, citing MTUS Guidelines, non-certified a request for Wellbutrin 150mg #60, citing MTUS Guidelines, and non-certified a request for Nalfon 400mg #60, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Per the MTUS/ACOEM most patients presenting with true neck and upper back problems do not need imaging until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to invasive procedure. A review of the injured workers medical records show that she has had imaging of her neck and shoulders and she is documented to be having persistent inter-scapular pain that is resistant to treatment, it would appear that in her case MRI of the thoracic spine is medically necessary and appropriate at this point.

Tramadol 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records that are available to me show that she appears to be having a satisfactory response to her current regimen of medications and there is documented improvement in pain and function with the use of her medications, it is also documented that she continues to work. Therefore based on the injured workers clinical presentation and the guidelines the request for tramadol ER 150mg # 30 as documented in the medical records dated 1/12/2015 is medically necessary and appropriate.

LidoPro 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for LidoPro 4 oz is not medically necessary.

Terocin patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for Terocin patches # 20 is not medically necessary.

Wellbutrin 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Physicians Desk reference (PDR)/Wellbutrin.

Decision rationale: Per the MTUS, Antidepressants are recommended as a first line option in the treatment of neuropathic pain, and as a possibility for non neuropathic pain. Bupropion is a second generation non-tricyclic antidepressant and has been shown to be effective in relieving neuropathic pain of different etiologies. It is also indicated in the treatment of major depression per the PDR. A review of the injured workers medical records indicate that she is using wellbutrin for the treatment of depression secondary to chronic pain, therefore based on her clinical presentation and the guidelines, the request for Wellbutrin 150mg #60 is medically necessary and appropriate in this injured worker.

Nalfon 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical records that are available to me reveal subjective and objective documentation of the injured workers pain and the use of an NSAID would be appropriate in the injured worker, therefore the request for Nalfon 400mg #60 is medically necessary.