

Case Number:	CM15-0136546		
Date Assigned:	07/24/2015	Date of Injury:	08/21/2014
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker was a 43-year-old male, who sustained an industrial injury, August 21, 2014. The injured worker was lifting scaffolding and twisting to the left side when the injured worker felt a pulling and popping type of feeling along the neck and upper shoulder area on the left. The neck pain progressed from the neck down the left upper extremity with weakness in the left hand. The injured worker previously received the following treatments cervical spine x-rays, Ultram Gabapentin, Naproxen, Voltaren, cervical neck MRI, home exercise program, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities which showed C7 radiculopathy on the left medial neuropathy at the wrist on the left which appears mild in of term of electrodiagnostic qualifications would be consistent with carpal tunnel syndrome, mild ulnar neuropathy at the left elbow. The injured worker was diagnosed with C7 radiculopathy and cervical degenerative disc disease. According to progress note of March 19, 2015, the injured worker's chief complaint was neck pain progressed from the neck down the left upper extremity with weakness in the left hand. The injured worker rated the pain at 5-9 out of 10. The physical exam noted the cervical range of motion was 65% of normal. There was tenderness with palpation along the bilateral cervical paraspinal muscles, upper trapezius, levator scapular and periscapular regions, moderate to severe on the left and mild to moderate on the right. There were multiple trigger points that were identified along the left shoulder and periscapular region. The Spurling's maneuver was negative except for neck pain at this time. The right shoulder was intact without impingement syndrome. There was no obvious tenderness with palpation along the subacromial or bicipital region. The treatment plan included prescription renewal for Elavil and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 150mg #30, 3 refills: Upheld

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 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 documentation of pain and functional improvement with previous use of Elavil. There is no clear justification of the prescription of Elavil in the patient file. The patient developed chronic pain syndrome that did not respond to current pain medications. There is no recent documentation of sleep issues requiring Elavil. Therefore, the prescription of Elavil 150mg #30, 3 refills is not medically necessary.

Ultram ER 300mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. 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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain

patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A'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. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Ultram ER 300mg #30, 3 refills is not medically necessary.