

Case Number:	CM15-0161491		
Date Assigned:	08/21/2015	Date of Injury:	04/12/2003
Decision Date:	09/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on April 12, 2003. Treatment to date has included diagnostic imaging, NSAIDS, topical pain patches, TENS unit, physical therapy, home exercise program and opioid medications. Currently, the injured worker complains of chronic neck, back and upper extremity pain. He reports that his pain is worse with increased activity. The injured worker reports that his pain level is reduced from a 9-10 on a 10-point scale to a 4-5 on a 10-point scale with the use of medications. The injured worker reports that he continues to receive benefit from his lower dose of fentanyl and that he has been function with the use of fentanyl. He is able to perform some chores at the lower dose but reports having more pain. On physical examination the injured worker has a grossly normal and non-antalgic gait. The diagnoses associated with the request include pain in shoulder joint, pain in thoracic spine, pain in lower leg and lumbar disc degeneration. The treatment plan includes continued home exercise program, increased dose of fentanyl, Remeron, naproxen and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #90: Overturned

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

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

Decision rationale: The 54 year old patient complains of chronic neck, back and upper extremity pain, as per progress report dated 06/23/15. The request is for Tramadol 37.5/325mg #90. The RFA for this case is dated 07/06/15, and the patient's date of injury is 04/12/03. Diagnoses, as per progress report dated 06/23/15, included pain in shoulder joint, pain in thoracic spine, pain in lower leg joint, and degeneration of lumbar/lumbosacral disc. The patient is status post-knee surgery in 2006. Current medications included Lidoderm patch, Capsaicin cream, Naproxen, Viagra, Diclofenac, Bisacodyl, Docusate sodium, Mirtazapine, Glucosamine, Tramadol, Fentanyl patch, and Centrum. The patient's work status has been documented as permanent and stationary, as per the same progress report. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Tramadol is first noted in progress report dated 06/23/15. It is not clear when this medication was initiated. As per progress report dated 06/23/15, medications help reduce pain from 9-10/10 to 4-5/10. The treater states that "Medications do help with pain and function. He is tolerating them generally well." UDS and CURES reports are consistent with medication use. As per appeal letter dated 08/12/15 (after the UR denial letter), the treater states that the patient "is able to walk better with less pain, exercise better with less pain and perform activities of daily living such as dishes, shopping and laundry with less pain." The patient has "good analgesia" with no side effects. Given the clear discussion regarding 4As, including analgesia, ADLs, aberrant behavior and adverse side effects, the request appears reasonable and is medically necessary.

Remeron 15mg #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under insomnia.

Decision rationale: The 54 year old patient complains of chronic neck, back and upper extremity pain, as per progress report dated 06/23/15. The request is for Remeron 15mg #90. The RFA for this case is dated 07/06/15, and the patient's date of injury is 04/12/03. Diagnoses, as per progress report dated 06/23/15, included pain in shoulder joint, pain in thoracic spine, pain in

lower leg joint, and degeneration of lumbar/lumbosacral disc. The patient is status post-knee surgery in 2006. Current medications included Lidoderm patch, Capsaicin cream, Naproxen, Viagra, Diclofenac, Bisacodyl, Docusate sodium, Mirtazapine, Glucosamine, Tramadol, Fentanyl patch, and Centrum. The patient's work status has been documented as permanent and stationary, as per the same progress report. ODG Guidelines, Pain (chronic) 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. In this case, Remeron is first noted in progress report dated 06/23/15. It is not clear when this medication was initiated. As per progress report dated 06/23/15, Remeron is being prescribed for sleep. In an appeal letter dated 08/12/15 (after the UR denial date), the treater states that the patient suffers from insomnia secondary to pain and also complains of depression and anxiety. The treater states the patient does find the medication beneficial and uses it only when he is unable to sleep for several nights. The treater also states that the patient is tolerating the medication well. Given the diagnosis of insomnia and coexisting depression and documentation of efficacy, the request appears reasonable and is medically necessary.