

Case Number:	CM15-0183217		
Date Assigned:	09/24/2015	Date of Injury:	05/17/2006
Decision Date:	11/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 5-17-2006. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. The medical records documented that Tramadol, Amitriptyline (Elavil), and Lorazepam were prescribed on 2-9-15, 4-6-15, and 8-17-15. On 2-9-15, the provider documented that "with medication she is out of bed with increased quality of life, and the Elavil provided better sleep with decreased perception of pain." On 8-17-15, she reported ongoing back pain with radiation to the posterior thighs. It was noted Tramadol decreases pain from 10 out of 10 VAS down to 4-6 out of 10 VAS and was noted as "tolerable". The physical examination documented moderate tenderness, and that she was labile and verbose. The treating diagnosis was listed as mechanical back pain. The plan of care included ongoing medication therapy. The appeal requested authorization for Tramadol 50mg, two tablets three times a day; Elavil 75mg, two tablets before bed as needed; and Lorazepam 2mg, three times a day. The Utilization Review dated 9-3-15, denied this request. The patient sustained the injury when she was assisting in patient transfer. A recent detailed psychiatric examination was not specified in the records provided. The medication list includes Elavil, Tramadol and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Request: Tramadol 50 mg. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain;" Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. On 8-17-15, she reported ongoing back pain with radiation to the posterior thighs. It was noted Tramadol decreases pain from 10 out of 10 VAS down to 4-6 out of 10 VAS and was noted as "tolerable". The physical examination documented moderate tenderness. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate, necessary. This request for Tramadol 50 mg is deemed as medically appropriate, and necessary.

Elivil 75 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Elivil 75 mg. According to the CA MTUS chronic pain guidelines antidepressant are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." On 2-9-15, the provider documented that "with medication she is out of bed with increased quality of life, and the Elivil provided better sleep with decreased perception of pain." On 8-17-15, she reported ongoing back pain with radiation to the posterior thighs. Tricyclic antidepressant is recommended as a first line option for neuropathic pain. The medical necessity of the request for Elivil 75 mg is established in this patient. Therefore the treatment is medically necessary.

Lorazepam 2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/06/15) Benzodiazepine.

Decision rationale: Lorazepam 2 mg. This medication is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines, Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD)." "After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" A prolonged use of anxiolytic may lead to dependence, does not alter stressors or the individual's coping mechanisms, and is therefore not recommended. A detailed response to other measures for insomnia/anxiety is not specified in the records provided. A recent detailed psychiatric examination was not specified in the records provided. The medical necessity of Lorazepam 2 mg is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore the treatment is not medically necessary.