

Case Number:	CM15-0192483		
Date Assigned:	10/06/2015	Date of Injury:	01/04/2002
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 47 year old male, who sustained an industrial injury on 01-04-2002. Work status is unclear in received medical records. Medical records indicated that the injured worker is undergoing treatment for plantar fasciitis, bilateral heel pain, bilateral knee internal derangement, lumbar spondylosis, bilateral carpal tunnel syndrome, history of lumbar radicular pain, and left lateral epicondylitis. Treatment and diagnostics to date has included back brace, hot-cold wraps, surgeries, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Albuterol, Dulera, Gabapentin, Norco, Prilosec, Singulair, Tramadol, and Losartan. After review of the qualified medical re-evaluation dated 05-22-2015, the injured worker reported pain in the bilateral wrists and hands, left elbow, lumbar spine, left lower extremity, left knee, right knee, and left ankle each rated anywhere from 0-8 out of 10 on the pain scale. Objective findings included decreased bilateral shoulder, bilateral wrist, and hip range of motion. Psychological M-L evaluation documented moderate depression and a sleep disorder. The Utilization Review with a decision date of 09-03-2015 denied the request for Tramadol ER 100mg #30 and Trazodone 50mg #30 (however, one month supply is approved for weaning purposes).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the use of opioid medications if very specific criteria are met. These criteria are not met with this individual. In the records available for review, there is no documentation of the amount of pain relief from the Tramadol. There is no documentation of how long the pain relief lasts and there is no documentation of functional benefits as a result of its use. Under these circumstances, Guidelines do not support the ongoing use of Tramadol ER 100mg #3, it is not medically necessary.

Trazodone 50mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/insomnia treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the Guidelines support the use of specific hypnotic medications if there is long-term insomnia associated with chronic pain and/or derivative issues of chronic pain. If there is a component of depression, the Guidelines support the use of Trazodone as a hypnotic medication. Under these circumstances, the Trazodone 50mg. #30 is supported by Guidelines and is medically necessary.