

Case Number:	CM15-0027636		
Date Assigned:	02/20/2015	Date of Injury:	03/20/2006
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64-year-old male sustained an industrial injury on 3/20/06. He subsequently reports ongoing back and neck pain. Diagnoses include status post cervical surgery for spinal stenosis, posttraumatic anxiety and depression and myofascial pain. The injured worker previously underwent neck fusion surgery. Treatments to date have included prescription pain medications. On 1/13/15, Utilization Review partially certified a request for Ultram 300mg TID and Buspar 15mg BID. The Ultram 300mg TID was modified to 300mg #45 and Buspar 15mg BID was modified to 15mg BID #60 for weaning purposes. This decision was based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 300mg TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): page(s) 74-96, 113, 123. Decision based on Non-MTUS Citation Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The patient has been on Ultram since 2007 and there is no documentation of a trial and failure of non-opioid analgesics. As such, the request for Ultram 300mg TID is not medically necessary.

Buspar 15mg BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpTo Date, Buspar, <http://www.uptodate.com>

Decision rationale: UpTo Date states on Buspar: "Pharmacologic Category Anti-anxiety Agent, Miscellaneous Dosing: Adult Generalized anxiety disorder (GAD): Oral: Initial: 7.5 mg twice daily; may increase every 2-3 days in increments of 2.5 mg twice daily to a maximum of 30 mg twice daily; a dose of 10-15 mg twice daily was most often used in clinical trials that allowed for dose titration Augmentation agent for antidepressants (off-label use): Oral: Initial: 7.5 mg twice daily; may increase weekly in increments of 7.5 mg twice daily to a maximum of 30 mg twice daily (Trivedi, 2006)". The patient is diagnosed with PTSD, anxiety and depression. Buspar is FDA approved for anxiety and is also used off label for depression. The treating physician notes that the patient's work related PTSD, Anxiety, and depression were under good control with the current prescribed medications. As such the request for Buspar 15mg BID is medically necessary.