MAXIMUS Federal Services

Case Number:	CM15-0031858		
Date Assigned:	02/25/2015	Date of Injury:	09/22/2006
Decision Date:	04/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old female who sustained an industrial injury on 09/26/2006. Diagnoses include intercostal neuralgia, thoracic facet joint pain, chronic pain syndrome, left hand pain, thoracic back sprain and lumbar sprain. Treatment to date has included medications, physical therapy, and home exercise program. A physician progress note dated 02/02/2015 documents the injured worker has continued mid-thoracic and low back pain. She had a gastrointestinal consultation in October of 2014, no report has been received yet and she continues to report dyspepsia. She complains of muscle aches and weakness and arthralgia's /joint pain in the left shoulder, back pain and swelling in the extremities-both hands. The injured worker has numbness in both hands and left leg if sitting for more than 2 hours. On examination she has myofascial trigger points in the thoracic and lumbar paraspinous muscles. Treatment requested is for Tramadol 50mg #30 with 3 refills, 6 Pain psychological visits, and Amitriptyline 50mg #30 with 3 refills. On 02/11/2015 Utilization Review modified the request for Amitriptyline 50mg #30 with 3 refills to Amitriptyline 50mg #30 with 1 refill and cited was California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines. The request for Tramadol 50mg #30 with three refills was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for 6 pain psychological visits was modified to 3 psychological visits and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 50 mg #30 with three refills is not medically necessary. Antidepressants for chronic pain or recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function. Side effects, including excessive sedation should be assessed. Amitriptyline is a tricyclic antidepressants and a first-line agent unless ineffective, poorly tolerated or contraindicated. Amitriptyline is indicated for chronic pain and to manage and aid sleep. In this case, the injured worker's working diagnoses are thoracic facet joint pain, intercostal neuralgia, thoracic back sprain and lumbar sprain. The provider initially prescribed amitriptyline 75 mg. Amitriptyline was started May 7, 2014. This dosage caused nightmares for the injured worker. The dosage was subsequently reduced to 50 mg b.i.d. There were no additional side effects. There were no further nightmares. The worker is seen monthly by the treating physician to adjust the medications with refills. Amitriptyline 50 mg #30 with three refills is not clinically indicated. Consequently, Amitriptyline 50 mg #30 with three refills is not medically necessary.

Tramadol 50mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #30 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Tramadol is not recommended as a first line agent. In this case, the injured worker’s working diagnoses are thoracic facet joint pain, intercostal neuralgia, thoracic back sprain and lumbar sprain. The injured worker at the

outset was taking Norco. Norco was started May 2, 2014.Norco caused side effects of stomach pain and dizziness. Based on the continued complaints of dyspepsia, the treating physician changed Norco to Tramadol. After changing the Tramadol, the documentation did not show evidence of a decrease in pain with evidence of objective functional improvement. Tramadol was deemed not medically necessary in a prior request dated November 25, 2014. Consequently, absent clinical documentation with evidence of objective functional improvement and persistent pain, Tramadol 50 mg #30 with three refills is not medically necessary.

6 Pain psychological visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cognitive behavioral therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, six pain psychology visits are not medically necessary. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, total of up to 6 - 10 visits over 5 - 6 weeks (individual sessions). In this case, the injured worker's working diagnoses are the injured worker's working diagnoses are thoracic facet joint pain, intercostal neuralgia, thoracic back sprain and lumbar sprain. Additional diagnoses include symptoms of anxiety, depression, sleep disturbance along with the injured worker's history of suicidal ideation. The injured worker underwent an initial psychology evaluation. There have been no subsequent treatments to date. The guidelines recommend 3 to 4 psychotherapy visits over two weeks. With evidence of objective functional improvement total of 6 to 10 visits over 5 to 6 weeks may be appropriate. The treating physician requested six pain psychology visits. This is in excess of the recommended guidelines of 3 to 4 visits over two weeks. Consequently, absent compelling clinical documentation in excess of the recommended guidelines, 6 pain psychology visits are not medically necessary