

Case Number:	CM15-0033991		
Date Assigned:	02/27/2015	Date of Injury:	04/10/2011
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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 63-year-old female, who sustained an industrial injury on 4/10/2011. The diagnoses have included myalgia and myositis, unspecified, and major depression. Treatment to date has included conservative measures. Currently, the injured worker complains of neck pain, improved after trigger point injections, and upper and lower back pain. Pain was rated 8/10 without medications and 3-4/10 with medication use, enhancing activities of daily living. She reported feeling moderately depressed and anxious, reporting that loud noises still bother her. She reported that the use of Ativan and Xanax were helpful for insomnia and anxiety. Other medications included Tramadol ER, Omeprazole, and Cyclobenzaprine. Physical exam noted restricted range of motion to the cervical and lumbar spines, multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus muscles. Neck compression and test for facet joints were positive. Multiple trigger points and taut bands were also noted throughout the thoracic and lumbar paraspinals, as well as gluteal muscles. There was palpable tenderness of the sciatic notch and nerve and positive Romberg test was noted. Sensation to fine touch and pinprick was decreased in the bottoms of both feet and in the bilateral calves. Radiographic imaging reports were not noted. On 2/18/2015, Utilization Review modified a prescription request for Tramadol HCL ER 150mg #45 to #10, and modified a prescription request for Xanax .05mg #90 to #70, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol HCL 150mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 01/06/15 report, the patient presents with improved neck pain s/p trigger point injections along with constant upper and lower back pain. The current request is for one PRESCRIPTION OF TRAMADOL HCL 150 mg #45 an opioid analgesic per the 01/06/15 RFA. The patient is Temporarily Totally Disabled for the next 6 weeks. MTUS Guidelines pages 88 and 89 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. The reports provided for review show the patient has been prescribed this medication since at least 09/02/14. The treater states on 01/06/15 that Tramadol provides greater than 60-80% relief of pain reducing pain assessed as 8/10 to 3-4/10. Specific ADL's as listed and the report notes significant 60-80% improvement of these ADL's is obtained through use of this medication. Adverse side effects and adverse behavior are discussed. The reports provided note UDS's are done on a routine basis to monitor compliance with treatment. However, no specific UDS's are documented or provided for review, but there is no indication that there are any compliance issues. In this case, the treating physician has noted significant reduction of pain and significant functional improvement in the ability to perform ADL's with Tramadol usage. The current request IS medically necessary.

1 prescription of Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications.

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

Decision rationale: Per the 01/06/15 report, the patient presents with improved neck pain s/p trigger point injections along with constant upper and lower back pain. The current request is for one PRESCRIPTION OF XANAX 0.5mg #90 "a Benzodiazepine" per the 01/06/15 RFA. The patient is Temporarily Totally Disabled for the next 6 weeks. MTUS, Benzodiazepines, page 24 states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are

the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." The treating physician states this medication is for anxiety and the patient finds the medication helpful. While Xanax may help the patient, the MTUS guidelines recommend short-term use of no more than 4 weeks, and the patient has been prescribed the medication on a long-term basis since at least 09/02/14. Furthermore, this request for #90 does not indicate short-term use. The request IS NOT medically necessary.