

Case Number:	CM15-0037936		
Date Assigned:	03/06/2015	Date of Injury:	11/26/1996
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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, New York, 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 applicant is a represented 37-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain and major depressive disorder (MDD) reportedly associated with an industrial injury of November 26, 1996. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve requests for tramadol, naproxen, and lidocaine patches. An RFA form received on February 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a January 30, 2015 mental health progress note, the applicant reported ongoing issues with depression, anxiety, and poor coping skills. The applicant was given a primary diagnosis of major depressive disorder (MDD) with resultant global assessment of functioning (GAF) 55. Medication selection and medication efficacy were not discussed. On December 10, 2014, the applicant reported recent flare in pain. The applicant had apparently had to visit the emergency department to treat a recent flare in pain. The applicant was given Dilaudid in the emergency department setting. The applicant reported 8/10. The applicant was using Ultram, Ultracet, naproxen, Norflex, Catapres, metformin, Zocor, tizanidine, and Sonata, it was acknowledged. The applicant was off of work, the treating provider noted. The applicant had developed issues with anxiety, panic attacks, depression, hypertension, and diabetes, much of which was attributed to the industrial injury and associated chronic low back pain complaints. The applicant was not working; it was stated in several sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg two times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, which was acknowledged on December 10, 2014. 8/10 pain was reported. The applicant had recently visited the emergency department owing to a reported flare in pain. All of the foregoing, taken together suggested that ongoing usage of tramadol (Ultram) was not, in fact, affected here. Therefore, the request was not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drug (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Anaprox (naproxen), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. This recommendation is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, which was acknowledged on December 10, 2014. The applicant reported 8/10 pain on that date, despite ongoing naproxen usage. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Ultram and Ultracet. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, effectively resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Lidocaine patch 4% #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Finally, the request for topical lidocaine patches was likewise not medically necessary, medically appropriate, or indicated here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the December 10, 2014 progress note at issue contained no mention to the applicant having previously failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.