

Case Number:	CM15-0051807		
Date Assigned:	03/25/2015	Date of Injury:	05/16/2002
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania

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 61 year old female who has reported the gradual onset of upper extremity symptoms and low back pain attributed to usual work activity, with a listed injury date of May 16, 2002. The injured worker was diagnosed with bilateral carpal tunnel syndrome, bilateral pantrapezial arthritis status post excision on right, stenosing tenosynovitis, spondylosis, and chronic pain syndrome. Treatment has included carpal tunnel release, trapeziectomy, transcutaneous electrical nerve stimulation (TENS), injections, and medication. Reports from the primary treating physician during 2014-2015 show ongoing upper extremity pain, weakness, triggering, and paresthasias. Naproxen, Effexor, tramadol, and Protonix were prescribed chronically. No specific benefit was described for each of these medications. Effexor was for depression. She was stated to be not working. Per a report of March 5, 2015 there was bilateral wrist shooting pain, weakness, and paresthasias. The pain radiates to the elbows, affects her sleep, and causes stress with depression. Function is very poor and symptoms are worse. She cannot do activities of daily living. The hand and wrist were tender with decreased range of motion and grip. The blood pressure was borderline. There were recent blood tests. The treatment plan includes wrist and hand surgery, home assistance, medications, electrodiagnostic testing, and modified work. None of the requested medications were addressed with respect to patient-specific indications and results of use. On 3/17/15 Utilization Review non-certified Effexor, tramadol, naproxen, Protonix, and trazodone. None of the medications were stated to be supported by sufficient benefit or the cited MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain. SSRIs (selective serotonin reuptake inhibitors)SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 13-16,107,105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression.

Decision rationale: The stated indication for Effexor is depression. The MTUS supports antidepressants for treatment of depression, as do the Official Disability Guidelines. However, there is no account of the specific signs and symptoms of depression. There is no account of the specific results of using Effexor. Patients should not continue antidepressants if there is no benefit after several months. Effexor has been prescribed with tramadol, which introduces significant risks due to toxicity and this has not been addressed by the treating physician. Lacking evidence of clear, significant benefit, Effexor should not be continued. Effexor is not medically necessary due to the lack of benefit, lack of sufficient evaluation, and risk of toxicity.

Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Tramadol Page(s): 77-81,94,80,81,60,94, 113.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The specific results of using tramadol are not discussed in the reports. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program. The treating physician does not discuss the current work status, and apparently the injured worker has not returned to work. This which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. Tramadol has been prescribed simultaneously with Effexor. There are significant

risks due to toxicity and this has not been addressed by the treating physician. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Naproxen 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Function is described as very poor, such that the injured worker cannot perform activities of daily living and needs in-home assistance for very light activities. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. It is unclear if the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS, as there is a reference to blood tests with no results. The MTUS states that NSAIDs for arthritis are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Given the lack of specific benefit there is not a sufficient necessity to continue this NSAID for the long term. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, and the lack of specific functional and symptomatic benefit.

Protonix 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. No reports discuss the ongoing use of this medication. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Trazodone 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain Page(s): 60,13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of depression. Pain chapter, insomnia and Other Medical Treatment Guidelines Updated ACOEM Guidelines, Chronic Pain, Page 99, Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain.

Decision rationale: The reports do not describe the indications for trazodone. It may be given for depression. If so, there is no evidence of benefit and an inadequate evaluation of depression (see the Effexor discussion above). It may be given for chronic pain. If so, the guidelines cited above strongly recommend against trazodone for chronic pain. It may be given for insomnia. If so, the MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Trazodone is not medically necessary based on the lack of clear indications, and the lack of sufficient clinical evaluation.