

Case Number:	CM14-0126705		
Date Assigned:	09/23/2014	Date of Injury:	02/03/2013
Decision Date:	10/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male with a reported injury on 02/03/2013. The mechanism of injury was returning to a standing position from bending over to place a tray. The injured worker's diagnoses included post herniorrhaphy pain syndrome, inguinodynia, adjustment disorder with anxiety, adjustment disorder with depression, and persistent insomnia. The injured worker's past treatments included medications. The injured worker's diagnostic testing included a CT of the abdomen and pelvis on 04/09/2014 which revealed a partial sigmoid colectomy with intact colonic anastomotic suture within the pelvic and a low attenuation lesion on the left kidney probable cyst. The injured worker's surgical history included a colostomy, colostomy reversal, cervical spine fusion in 2004, right inguinal hernia repair in 1990, and right inguinal hernia repair in 2014. The injured worker was evaluated on 07/22/2014 for continued constant severe, sharp, stabbing pain in his right groin. The injured worker reported that no medications had relieved his pain completely. The clinician indicated that this was because his pain was more neuropathic than nociceptive or visceral. The medications briefly took the edge off. The injured worker rated his pain at 8/10 to 9/10 and indicated that pain interfered with his sleep at night and interfered with his activities of daily living such as sitting, standing, bending, stooping, lifting or twisting. The clinician observed and reported exquisite pain with palpation of the right inguinal area. Hyperalgesia was noted. The injured worker's medications included Norco 4 times a day, Zanaflex 4 mg 3 times per day, Bupropion 100 mg twice per day, Nizatadine 4 mg twice per day when necessary and Tramadol 50 mg 1 every 4 to 6 hours as needed. The request were for Tramadol 50 mg 1 by mouth q 4 to 6 hours as needed #120, Bupropion 100 mg twice a day #60, and Tizanidine 4 mg 3 times a day #45. No rationale for these requests was provided. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 PO Q4-6 hours PRN #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

Decision rationale: The injured worker continued to complain of pain, rate his pain as 8/10 to 9/10. The California MTUS Chronic Pain Guidelines recommend discontinuation of opioids if there is no overall improvement in function. The injured worker indicated that no medications have relieved his pain completely and that the medications only briefly take the edge off. Additionally, the request was for tramadol 50 mg 1 by mouth q 4 to 6 hours as needed but did not say prn or as needed for what. Therefore, the request for tramadol 1 po every 4 to 6 hours prn #120 is not medically necessary.

Buprion 100mg BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

Decision rationale: The injured worker continued to complain of severe pain. The California MTUS Chronic Pain Guidelines do recommend the use of antidepressants for non-neuropathic pain as an option especially in depressed patients, but effectiveness is limited. The guidelines go on to state that tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors unless adverse reactions are a problem. Bupropion is of the aminoketone class which would indicate that it is not a first line treatment for non-neuropathic pain in depressed patients. The provided documentation did not indicate a trial and failure of tricyclic antidepressants or selective serotonin reuptake inhibitors. Therefore, the request for bupropion 100 mg twice per day is not medically necessary.

Tizanidine 4mg TID #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The injured worker did continue to complain of pain in the right inguinal area. The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The injured worker did not have a diagnosis of chronic low back pain or muscle spasms. Therefore, the request for Tizanidine 4 mg 3 times per day #45 is not medically necessary.