MAXIMUS Federal Services

Case Number:	CM14-0143598		
Date Assigned:	09/12/2014	Date of Injury:	03/10/2012
Decision Date:	11/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 67 year old man with a date of injury on 3/10/2012. He has been diagnosed with chronic pain and myofascial trigger points, headache, dizziness, imbalance, and depressed mood. He had been treated with physical therapy, medications, and activity restrictions. The exam is noted for neck tenderness and restriction in neck range of motion. His diagnoses are cervical and lumbar sprain superimposed on pre-existing degenerative disease in the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Topical Analgesics Page(s): 75, 111-113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central

analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. Tramadol is not recommended as a first-line oral analgesic. There is no documentation that this worker has been tried on a first line medication. The request is not medically necessary and appropriate.

Lexapro 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Escitalopram (Lexapro) is a selective serotonin reuptake inhibitor antidepressant. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). Selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of selective serotonin reuptake inhibitors may be in addressing psychological symptoms associated with chronic pain (Namaka, 2004). This worker has chronic musculoskeletal pain for almost 3 years and has been diagnosed with clinical depressed mood. He is an ideal candidate for Lexapro. The request is medically necessary and appropriate.

Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(Lidocaine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine) Page(s): 56-57.

Decision rationale: Per MTUS, Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. There is no documentation that this worker has failed a first line medication therapy. Therefore this service is not medically necessary.