

<b>Case Number:</b>	CM14-0097011		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/06/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 69-year-old female was reportedly injured on August 6, 1997. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of bilateral shoulder pain and headaches. The physical examination demonstrated tenderness of the cervical spine and the bilateral shoulders. There was swelling of the left knee and 11 trigger points associated with fibromyalgia. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included lumbar spine surgery. A request had been made for Tramadol, Doxepin, Atenolol and was not certified in the pre-authorization process on June 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 59 mg #270, 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

**Decision rationale:** The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate

to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, Tramadol is not considered medically necessary.

**Foci pen 75 #60, 180:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682390.html>

**Decision rationale:** Doxepin is a tricyclic antidepressant medication used to treat depression and anxiety. The injured employee does have a diagnosis of depression. As such, Foci pen 75 #60, 180 is medically necessary.

**Atenolol 25 bid #180:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684031.html>

**Decision rationale:** Atenolol is a blood pressure medication in the beta blocker class. It is also often used for migraine prophylaxis. The injured employee does have a history of migraine headaches. As such, Atenolol 25 bid #180 is medically necessary.