

Case Number:	CM14-0210410		
Date Assigned:	12/23/2014	Date of Injury:	12/11/1991
Decision Date:	02/27/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 11, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; unspecified amounts of physical therapy; opioid therapy; muscle relaxants; and anxiolytic medications. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve request for Ultram, Halcion, Soma, Elavil, and Norco. The claims administrator referenced progress notes of October 24, 2014 and November 18, 2014 in its determination. The applicant's attorney subsequently appealed. On October 21, 2014, the applicant reported ongoing complaints of pain, 7/10 with associated paresthesias about the hand. Lifting and reaching exacerbated the applicant's pain. Hyposensorium was noted about the left C6 dermatome. Norco, Soma, Elavil, tramadol, and Halcion were refilled, without any explicit discussion of medication efficacy. The applicant reportedly denied depression, it was stated in the review of systems section of the note. It was not clearly stated for what purpose Halcion was being employed. On November 18, 2014, the applicant again presented with chronic neck pain status post earlier failed cervical laminectomy surgery. Norco, Soma, Elavil, Halcion, and Ultram were refilled, again without any explicit discussion of medication efficacy. 7/10 pain was noted. The applicant's pain complaints were exacerbated by activities as basic as reaching overhead. The applicant's work status was not clearly detailed, although it did not appear that the applicant was, in fact, working. In a December 7, 2014 letter, the applicant acknowledged that her lifestyle was significantly limited secondary to her various pain complaints. The applicant

has nevertheless posited that her medications were somewhat beneficial. The applicant also complained that her treating provider was not spending adequate amounts of time with her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 80mg #90: Upheld

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

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

Decision rationale: 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, the applicant's work status has not been clearly detailed. It did not appear that the applicant was working. The applicant continues to report 7/10 pain from visit to visit, despite ongoing usage of various analgesic medications, including Ultram. The applicant continues to report difficulty performing activities of daily living as basic as lifting and/or reaching overhead. All of the foregoing, taken together, does not make a compelling case for continuation of Ultram, a synthetic opioid. Therefore, the request was not medically necessary.

Halcion 0.25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Halcion are not recommended for chronic or long-term use purpose, with most guidelines limiting usage of the same to four weeks, whether used for anticonvulsant effect, anxiolytic effect, muscle relaxant effect, hypnotic effect, etc. Here, it was not clearly stated for what purpose Halcion was employed. The applicant has, furthermore, been using Halcion for what appears to be well over four weeks. Therefore, the request was not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 21.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended in the chronic pain context present here, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using a variety of opioid agents, including Ultram and Norco. Adding Carisoprodol or Soma to the mix is not recommended. Therefore, the request was not medically necessary.

Elavil 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Amitriptyline Page(s): 7, 13.

Decision rationale: While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline (Elavil) is a first-line agent for chronic pain, particularly neuropathic pain, as was/is 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. The applicant's work status has not been clearly detailed, suggesting that the applicant is off of work. Ongoing usage of amitriptyline has failed to curtail the applicant's benefits on opioid agents such as Norco and tramadol. The applicant continues to report difficulty performing activities of daily living as basic as lifting and reaching overhead. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Elavil (amitriptyline). Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, When to Continue Opioids Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not furnish any compelling rationale for provision of two separate short-acting opioid agents, Norco and tramadol. As with the request for tramadol (Ultram), the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant does not appear to be working. As the applicant himself commented in a letter dated December 7, 2014, her lifestyle was/is significantly limited. The applicant was described by her

treating provider reporting pain complaints as high as 7/10, despite ongoing medication consumption. The applicant continues to report difficulty performing activities of daily living as basic as lifting and reaching overhead. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.