

Case Number:	CM14-0210995		
Date Assigned:	12/23/2014	Date of Injury:	10/26/2005
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 60 year old female with an injury date of 10/26/05. Based on the 11/24/14 progress report provided by treating physician, the patient complains of pain along the neck and wrist (unrated) exacerbated by movement, cold weather and associated loss of sleep resulting from pain. Patient is status post decompression, labral repair, and distal clavicle excision (date unspecified). Physical examination dated 11/24/14 notes tenderness to the cervical paraspinal muscles bilaterally, pain along cervical facets with facet loading. The patient is currently prescribed Tramadol, Naflon, Protonix, Trazadone, Terocin patches, Lidopro lotion, and Gabapentin. Diagnostic imaging was not included with the report, although denial letter references X-ray dated 11/24/14, stating: "Documented some osteophytic changes along the superior aspect of the clavicle." Patient is not currently working. Diagnosis 11/24/14- Discogenic cervical condition with radicular component down her upper extremities, for which EMGs done twice the last one showed no radiculopathy.- Impingement syndrome of the shoulder on the right status post decompression, labral repair, and distal clavicle excision, x-rays showing some osteophytic changes along the superior aspect of the clavicle.- Carpal tunnel syndrome on the right covered by the qualified examiner, treated conservatively. - Chronic pain syndromeThe utilization review determination being challenged is dated 12/05/14. The rationale follows:1) Trazadone:"There is no documentation provided to justify the medical necessity for requesting Trazadone in this particular case." 2) Tramadol: "As per CA MTUS guidelines, there must be medical documentation provided regarding the patients visual analog scale without taking the

medications and when taking the medications."Treatment reports were provided from 06/16/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 50mg #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 Anti-depressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia

Decision rationale: The patient presents with pain along the neck and wrist (unrated) exacerbated by movement, cold weather and associated loss of sleep resulting from pain. Patient is status post decompression, labral repair, and distal clavicle excision (date unspecified). The request is for Trazadone 50mg #60. Physical examination dated 11/24/14 notes tenderness to the cervical paraspinal muscles bilaterally, pain along cervical facets with facet loading. The patient is currently prescribed Tramadol, Naflon, Protonix, Trazadone, Terocin patches, Lidopro lotion, and Gabapentin. Diagnostic imaging was not included with the report, although denial letter references X-ray dated 11/24/14. Patient is not currently working. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." In regards to the request for Trazadone for the treatment of insomnia secondary to chronic neuropathic pain, the treater has failed to provide documentation which would substantiate its continued use. Although MTUS guidelines indicate that antidepressants can be considered first line medications for the treatment of neuropathic pain, the recommendation is for the utilization of tricyclic antidepressants as first line treatment and only if they are ineffective can tetracyclic antidepressants be considered. Furthermore, ODG guidelines indicate that tetracyclic antidepressants can be used to treat insomnia, but only in patients with coexisting depression. Progress reports provided do not show diagnosis of depressive disorder or significant psychiatric history, nor do they document a failure of tricyclic antidepressant therapy prior to Trazadone initiation. Therefore, the request is not medically necessary.

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Weaning medication Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; medication for chronic pain Page(s): 60-61; 76-78; 88-89.

Decision rationale: The patient presents with pain along the neck and wrist (unrated) exacerbated by movement, cold weather and associated loss of sleep resulting from pain. Patient is status post decompression, labral repair, and distal clavicle excision (date unspecified). The request is for Tramadol ER 150 mg #30. Physical examination dated 11/24/14 notes tenderness to the cervical paraspinal muscles bilaterally, pain along cervical facets with facet loading. The patient is currently prescribed Tramadol, Naflon, Protonix, Trazadone, Terocin patches, Lidopro lotion, and Gabapentin. Diagnostic imaging was not included with the report, although denial letter references X-ray dated 11/24/14. Patient is not currently working. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In regards to the request for Tramadol, treater has not adequately documented subjective or objective improvements of pain. None of the 4 A's were addressed as required by MTUS. The treater fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. In addition, urine drug screen to monitor for medicine compliance are not discussed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The request is not medically necessary.