

Case Number:	CM14-0212315		
Date Assigned:	01/02/2015	Date of Injury:	01/18/2005
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/18/2014

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 & Rehabilitation

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 65 year old female with an injury date on 01/18/2005. Based on the 08/18/2014 progress report provided by the treating physician, the diagnoses are: 1. Carpal tunnel syndrome. 2. Chronic pain syndrome. 3. Pain in joint involving shoulder region. 4. Brachial neuritis or radiculitis not otherwise specified. According to this report, the patient complains of "continue to have about 5/10 pain" at the hand and right elbow. The patient states the "shoulder injection has helped significantly." Pain is now a "0/10 and has been able to do a lot more activity with it." Physical exam reveals an individual ambulates with a walker. There is tenderness are the C5-7 paraspinal muscles, right trapezius, right AC joints, deltoid insertion, and medial epicondyle. Motor strength of the bilateral hand is a 4-/5. The 07/21/2014 report indicates the patient "continues to have a lot of pain in the R shoulder and is anticipating her injection." MRI of the cervical spine on 08/11/2014 shows: 1. DDD/ DJD in the facets at multiple sites throughout the C-spine. 2. Central spinal canal stenosis at C3-4 through C7- T1 most severely narrowed at C3-4 with spinal cord is narrowed to approximately half it normal in AP dimension and entrapment of the spinal cord at C3-4, C4-5, C6-7, C7-T1. 3. There is moderate and severe neural foraminal stenosis bilaterally at C2-3 through T1-2, and left neural foramen at T2-3. Patient's treatment to date includes S/P right knee x 2, S/P both wrists CTS, and S/P left thumb. The treatment plan is to schedule a consultation with a surgeon to discuss the options for further treatment for her progressive CTS, continue medications as directed, and follow up in 1 month. The patient's work status is "Permanent and stationary." The utilization review denied the request for (1) Ultram #240, (2) Trazodone #90 with 1 refill, (3) Robaxin

#120 with 2 refills, and (4) Lyrica #60 with 3 refill on 11/13/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 11/04/2013 to 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg oral tablet, take 1-2 po qid, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 76-78; 88-89.

Decision rationale: According to the 08/18/2014 report, this patient presents with "continue to have about 5/10 pain" at the hand and right elbow. The current request is for Ultram 50mg oral tablet, take 1-2 po qid, #240. This medication was first mentioned in the 11/04/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 reviewing the provided reports, the treating physician indicates that the patient reports "that without pain medication she is unable to grocery shop and with medication she is able to do her normal shopping as well as putting it away. She states that she is able to do her housework such as cleaning windows. She also reports that without the medication she is only able to drive about 30 min and with the medication she is able to drive up to 90 min." In this case, the reports show documentation of pain assessment and the patient's ADL's are mentioned as above. However, the treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. Aberrant drug seeking behavior and adverse side effect were not mentioned. The treating physician has failed to properly document the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. This request IS NOT medically necessary.

Trazodone 50mg oral tablet, take 1-3 pills po qhs, #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Trazodone (Desyrel)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; medication for chronic pain Page(s): 13-15; 60.

Decision rationale: According to the 08/18/2014 report, this patient presents with "continue to have about 5/10 pain" at the hand and right elbow. The current request is for Trazodone 50mg oral tablet, take 1-3 pills po qhs, #90 with 1 refill. The Utilization Review denial letter states "there was a lack of documentation that the patient presented with neuropathic pain and/or insomnia, depression, or anxiety." Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. Trazadone was first mentioned in the 12/04/2013 report; it is unknown exactly when the patient initially started taking this medication. In this case, the patient is prescribed Trazadone for neuropathic pain and there are no mentions that the patient has depression or insomnia. Furthermore, there was no discussion of the efficacy of the medication. The treater does not discuss whether or not the medication is helping with the patient's neuropathic pain. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. This request IS NOT medically necessary.

Robaxin 500mg oral tablet, take 1 pill po qid, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (for pain): Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 08/18/2014 report, this patient presents with "continue to have about 5/10 pain" at the hand and right elbow. The current request is for Robaxin 500mg oral tablet, take 1 pill po qid, #120 with 2 refills. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Robaxin #120 with 2 refills and this medication was first noted in the 11/04/2013 report. Robaxin is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Lyrica 300mg oral capsule, take 1 pill po bid, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); medication for chronic pain Page(s): 18, 19, 60.

Decision rationale: According to the 08/18/2014 report, this patient presents with "continue to have about 5/10 pain" at the hand and right elbow. The current request is for Lyrica 300mg oral capsule, take 1 pill po bid, #60 with 1 refill. Regarding Lyrica for pain, MTUS Guidelines recommend it for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Lyrica was first mentioned in the 12/04/2013 report and it is unknown exactly when the patient initially started taking this medication. In this case, the patient has been diagnosed with "Brachial neuritis or radiculitis not otherwise specified." However, there is no documentation provided for review to indicate that the previous usage of Lyrica provided pain relief or increase in function as required by MTUS page 60. Therefore, the current request is not medically necessary.