MAXIMUS Federal Services

Case Number:	CM14-0215972		
Date Assigned:	01/06/2015	Date of Injury:	04/09/1988
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/23/2014

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 62 year old male with an injury date of 04/09/88. Based on the 12/22/14 progress report provided by treating physician, the patient complains of pain in left shoulder and elbow. Physical examination of the thoracic spine revealed tenderness to palpation to the thoracic paraspinal muscles. Range of motion is restricted with pain on flexion and extension. Patient has deformity and loss of range of motion of left elbow. Patient's current medications include Pristiq, vinza, Lyrica, Neurontin, Opana, Norco, Nucynta ER, Percocet, Methadone and Trazadone. UDS dated 12/22/14 had consistent results. No documentation on patient's work status.Diagnosis (12/22/14)- Joint pain, elbow- Rotator cuff tear- Radial nerve injury- Encounter for therapeutic drug monitoring- Pain, thoracic spine- Vertebral compress FX- Adhesive capsulitis of shoulder- Deg. disc dis, thoracic- Visit med complexity- Psychologial testingThe utilization review determination being challenged is dated 12/04/14 The rationale follows: 1) TRAZADONE 50MG TABLET 2 TAB EVERY NIGHT PRN #56: "guidelines do not support the use of SSRIs as a treatment for chronic pain."2) METHADONE 10MG TABLET #112: "documentation did not provide sufficient evidence of significant objective functional improvement or documented evidence of a decrease in pain."Treatment reports were provided from 05/08/14 to 12/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50 MG tablet 2 tab every night prn #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Medications for chronic use Page(s): 13-15, 60. Decision based on Non-MTUS Citation Pain Chapter, under Insomnia has the following regarding Amitriptyline

Decision rationale: The patient presents with pain in left shoulder and elbow. The request is for Trazadone 50MG tablet 2 tab every night prn #56. Patient's current medications include Pristiq, vinza, Lyrica, Neurontin, Opana, Norco, Nucynta ER, Percocet, Methadone and Trazadone. UDS dated 12/22/14 had consistent results. No documentation on patient's work status. 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 has 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. Per progress report dated 12/22/14, treater's reason for the request is for neuropathic pain, sleep and depression. Trazadone was first mentioned in the 11/13/14 report; it is unknown exactly when the patient initially started taking this medication. However, 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. Therefore, this request is not medically necessary.

Methadone 10 MG #112: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in left shoulder and elbow. The request is for Methadone 10MG tablet #112. Patient's current medications include Pristiq, vinza, Lyrica, Neurontin, Opana, Norco, Nucynta ER, Percocet, Methadone and Trazadone. UDS dated 12/22/14 had consistent results. No documentation on patient's work status. 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 a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, 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. Per progress report dated 12/22/14, treater's reason for the request is for the management of patient's moderate to severe pain. Progress report dated 12/22/14 states that patient gets pain medication only through treater's office, takes medication as prescribed, does not request early refills and has signed an opiod agreement. The patient's UDS and CURES report are consistent and there are no evidence of substance abuse or misuse of medication. The treater in addressing the ADLs, states patient is able to perform household chores including cooking and cleaning, vacuuming, etc. Further stating the patient has a 30% improvement in function and pain with use of medication. Patient has recently been prescribed Methadone as of 11/13/14, as multiple other medications, including Morphine, Oxymorphone and Nucynta were tried. But patient states with the Methadone he is able to perform light household chores, drive and lift objects up to 10 pounds. Treater has documented and is adequately managing this medication in meeting MTUS guidelines. Therefore, the request is medically necessary.