

Case Number:	CM15-0010785		
Date Assigned:	01/28/2015	Date of Injury:	03/26/2006
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 30 year old female who sustained a work related injury to her lower back on March 26, 2006. The mechanism of injury was described as the patient pulled a jack out too hard and fell. The injured worker was diagnosed with lumbar sprain/strain, lumbar herniated nucleus pulposus, chronic pain syndrome and chronic radiculitis. No surgical interventions were documented and past treatment modalities were not discussed. According to the primary treating physician's progress report on January 6, 2015 the patient continues to express pain in the lower back with radiation to the bilateral buttocks and to both extremities, worse on the left side. Positive spasms and decreased range of motion in all planes due to pain were noted. Strength is decreased in dorsiflexion and eversion on the left. Current medications are listed as Lyrica, Tramadol, Galise and Relafen. The treating physician requested authorization for Tramadol 50mg #90; and Trazadone 50mg #45. On January 15, 2015 the Utilization Review denied certification for Trazadone 50mg #45 and modified the certification from Tramadol 50mg #90 to Tramadol 50mg #60 to initiate a weaning process. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. In fact, the notes state that the patient was doing well on Anaprox. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol #00 is not medically necessary.

Pharmacy purchase of Trazadone 50mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Mental Illness and Stress, Trazodone

Decision rationale: Regarding Trazodone, the above cited guidelines say: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. MTUS state regarding antidepressants for pain, 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. The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. The medical records fail to demonstrate that the patient has insomnia and an underlying psychiatric illness. This tetracyclic antidepressant as the records state is being used to aid in sleep and for neuropathic pain but at the dose prescribed it would not be effective. As such, the request for trazodone #45 is not medically necessary.