

Case Number:	CM15-0013912		
Date Assigned:	02/02/2015	Date of Injury:	09/02/2009
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 51 year old female, who sustained an industrial injury on September 2, 2009. The diagnoses have included bilateral knee contusion, right wrist tendonitis, chronic right lateral epicondylitis, and lumbar spine sprain/strain. Treatment to date has included acromioplasty to the right shoulder, right ankle surgery, physical therapy, chiropractic therapy, and pain medication. Currently, the injured worker complains of tenderness in the joint lines of the knee. She had a negative anterior drawer sign and negative McMurray's sign. There was occasional crepitation and she had full range of motion of the knees. She had a negative Fabere and no guarding or spasms. She had tenderness of the paraspinal muscle with flexion 80, extension 20 and right and left bending 20. Her ankle shows negative anterior drawer sign with tenderness anteriorly and laterally. There is good range of motion. Her shoulder shows tenderness anteriorly and laterally. Her right elbow revealed tenderness at the lateral epicondyle. On January 5, 2015 Utilization Review non-certified a request for Ultram 50 mg #60 and Paxil 30 mg #30, noting that there was insufficient evidence of symptomatic or functional improvement with Ultram and a psychiatric diagnosis which would support the use of an antidepressant is not indicated nor is the response to the use of Paxil indicated. The California Medical Treatment Utilization Schedule was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of Ultram 50 mg #60 and Paxil 30 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg BID PRN #60 refills x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria of use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Ultram 50mg #60 with 2 refills is not medically necessary.

Paxil 30mg QD #30 refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria of use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: According to MTUS guidelines, Paxil, a selective serotonin reuptake inhibitor is not recommended for chronic pain syndrome including chronic back pain: (SSRIs (selective serotonin reuptake inhibitors). Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain). There is no recent documentation that the patient is suffering from a depression secondary to his pain syndrome. There is no formal psychiatric evaluation supporting

the continuous use of Paxil. There is no continuous documentation for the efficacy of the drug. There is no objective documentation to justify continuous use of Paxil. Therefore, the prescription of Paxil 30mg #30 with 2 refills is not medically necessary.