

Case Number:	CM15-0119793		
Date Assigned:	06/30/2015	Date of Injury:	02/21/2013
Decision Date:	09/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old male who sustained an industrial injury on February 21, 2013. The worker was employed as a food preparer and dishwasher and while carrying trash downstairs assisting a co-worker and the co-worker slipped and fell on top of the worker resulting in injury. He reported it was evaluated and treated with medications, a course of physical therapy and acupuncture care. The worker returned to a modified work duty. Subsequently he underwent surgical intervention of the right shoulder In December of 2013 along with an additional course of physical therapy. The worker has been unable to work since October 2013 due to no availability of modified work duty. The initial orthopedic evaluation dated November 05, 2014 reported chief subjective complaints of upper, lower back pains and bilateral shoulder pain. Current medications were: Ibuprofen 200 mg every six hours. The diagnostic impression noted: status post arthroscopic surgery, right shoulder; adhesive capsulitis, right shoulder; internal derangement, left shoulder, and musculoligamentous strain and sprain, lumbosacral spine. At a follow up dated December 17, 2014 there was request for surgical decompression of the left shoulder. At a more recent follow up dated February 11, 2015 reported subjective complaint of still with persistent bilateral shoulder pain and back pain during the night. Current medications were: Effexor CR, Ambien CR, Tramadol and Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine extended release 37.5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and pg16.

Decision rationale: Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated. Medications such as Venlafaxine may also be used for major depression or PTSD. In this case, the claimant did not have depression or PTSD diagnosed in the notes. There was no mention of Tricyclic failure which is supported for management of back pain. The use of Venlafaxine is not justified and not medically necessary.

Tramadol Hydrochloride 50mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score reduction with use of Tramadol was not noted. Tylenol or Tricyclic failure was not noted. The continued use of Tramadol as above is not medically necessary.

Zolpidem Tartrate 10mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the

medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for over a month. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem is not medically necessary.