MAXIMUS Federal Services

Case Number:	CM15-0170832		
Date Assigned:	09/11/2015	Date of Injury:	05/14/2009
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 54-year-old male who sustained an industrial injury on May 14, 2009, incurring left shoulder injuries. He was diagnosed with left shoulder impingement syndrome, labral tear, rotator cuff tear. He underwent a surgical left shoulder decompression, labral repair, and rotator cuff repair. Treatment included pain medications, muscle relaxants, anti-inflammatory drugs, proton pump inhibitor, sleep aides, antidepressants, diagnostic imaging, transcutaneous electrical stimulation unit, and activity restrictions. Currently, the injured worker complained of persistent left shoulder pain and tenderness with limited function. He complained of difficulty with overhead reaching, pushing or pulling. He had difficulty sleeping on his affected side. The constant pain interfered with the injured worker's activities of daily living. The treatment plan that was requested for authorization on September 14, 2015, included prescriptions for Tramadol and Remeron. On August 5, 2015, the request for the prescriptions for Tramadol and Remeron were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that Tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have not included documentation of the pain with and without medication, no significant adverse effects, and objective functional improvement. The records have indicated past urine drug testing. Of primary importance is an appropriate period for follow-up to reassess the 4 A's, which has been performed; however, Utilization Review on June 30, 2015 advised the weaning of Tramadol as indicated by the treatment guidelines. Although Tramadol may be a reasonable treatment option for this injured worker, the treating provider's notes do not provide the necessary documentation for the continued use of Tramadol. Therefore, the request for Tramadol 150 mg #30 is not medically necessary and appropriate.

Remeron 15mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SNRIs (serotonin noradrenaline reuptake inhibitors) Pain (Chronic), Insomnia treatment.

Decision rationale: Per the CA MTUS guidelines, although Remeron is not specifically addressed, antidepressants are recommended as an option in first-line treatment of neuropathic pain, especially if the pain is accompanied by insomnia, anxiety, or depression. However, tricyclics are the primary first-line option with neuropathic pain. For non-neuropathic pain, they are recommended as an option in depressed patients, but effectiveness is limited. Further guidance from the ODG also recommends antidepressants as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective. The ODG also states that sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have been used to treat insomnia; however, there is less evidence to support their use, but they may be an option in patients with

coexisting depression. Based on the most recent treating provider notes from July 27, 2015, the injured worker is listed as having an element of depression and sleep issues related to his chronic pain. Although the notes overall lack detail concerning his poor sleep, he has been on Remeron long-term and it is reasonable to continue at this time. However, the treating provider is advised to increase the detail in future notes concerning this issue. Based on the cited guidelines and limited medical records, the request for Remeron 15 mg #30 is medically necessary and appropriate.