

Case Number:	CM15-0179363		
Date Assigned:	09/21/2015	Date of Injury:	05/04/2012
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 31-year-old female sustained an industrial injury on 5-4-12. Documentation indicated that the injured worker was receiving treatment for chronic pain with cervical spine radiculitis, thoracic spine radiculitis and bilateral carpal tunnel syndrome. Previous treatment included acupuncture, epidural steroid injections, home exercise and medications. In PR-2's dated 4-6-15, 5-4-15, 6-15-15 and 7-13-15, the injured worker rated her pain 8 to 10 out of 10 on the visual analog scale, with interference of activities of daily living due to pain over the past month rated as 9 (on a scale of 1 to 10 where "0" is no interference and "10" is unable to carry on any activities). In a pain medicine reevaluation dated 8-10-15, the injured worker complained of neck pain with radiation down bilateral upper extremities associated with numbness, weakness and spasms, low back pain with radiation down bilateral lower extremities, bilateral hand and wrist pain, bilateral hip pain and ongoing, increasing headaches. The injured worker rated her pain 9 out of 10 on the visual analog scale without medications and 8 out of 10 with medications. The injured worker rated interference of activities of daily living due to pain over the past month as 9 out of 10. The injured worker reported functional improvement due to medications. Time until pain relief after taking medications was approximately one hour. Physical exam was remarkable for cervical spine with tenderness to palpation at C4-7, range of motion "slightly" limited due to pain with "significantly" increased pain upon flexion, extension and rotation, "decreased" strength in bilateral upper extremities, intact sensation, "decreased" bilateral grip strength and positive left Tinel's. The injured worker received a Toradol and B12 injection during the office visit. The treatment plan included continuing home exercise and renewing current medications (Duloxetine DR, Norco and Tramadol). On 8-26-15, Utilization Review noncertified a request for Tramadol ER 50mg, Hydrocodone 7.5-325mg and Duloxetine DR 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 50mg #60 (per 8/10/15 order): 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 for chronic pain.

Decision rationale: The claimant was injured in 2012 and has chronic pain with cervical spine radiculitis, thoracic spine radiculitis and bilateral carpal tunnel syndrome. There is neck pain with radiation down both upper extremities associated with numbness, weakness and spasms, low back pain with radiation down the bilateral lower extremities, bilateral hand and wrist pain, bilateral hip pain and ongoing, increasing headaches. The injured worker reported functional improvement due to medications, but those improvements were not defined. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. It is not clear here if this is a first line usage. Further, although objective functional improvements are claimed, none is documented. The request is not medically necessary.

Hydrocodone 7.5/325mg #60 (per 8/10/15 order): 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, criteria for use.

Decision rationale: The claimant was injured in 2012 and has chronic pain with cervical spine radiculitis, thoracic spine radiculitis and bilateral carpal tunnel syndrome. There is neck pain with radiation down both upper extremities associated with numbness, weakness and spasms, low back pain with radiation down bilateral lower extremities, bilateral hand and wrist pain, bilateral hip pain and ongoing, increasing headaches. The injured worker reported functional improvement due to medications, but those improvements were not defined. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case.

As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Duloxetine DR 30mg #30 (per 8/10/15 order): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, under Antidepressants.

Decision rationale: The claimant was injured in 2012 and has chronic pain with cervical spine radiculitis, thoracic spine radiculitis and bilateral carpal tunnel syndrome. There is neck pain with radiation down both upper extremities associated with numbness, weakness and spasms, low back pain with radiation down bilateral lower extremities, bilateral hand and wrist pain, bilateral hip pain and ongoing, increasing headaches. The injured worker reported functional improvement due to medications, but those improvements were not defined. The current California web-based MTUS collection was reviewed in addressing this request. The ODG were also examined for clarity. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.