MAXIMUS Federal Services

Case Number:	CM15-0179848		
Date Assigned:	09/21/2015	Date of Injury:	02/27/2014
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 45 year old female, who sustained an industrial injury on 02-27-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain, cervical degenerative disc disease, internal derangement of the right shoulder, thoracic strain, lumbosacral strain, and gluteal strain. Medical records (03-16-2015 to 08-31-2015) indicate ongoing neck, shoulder and upper back pain with a pain rating 8-9 out of 10. Activities of daily living were not addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-20-2015 and 08-31-2015, revealed decreased range of motion in the cervical spine. The remaining portions of the physical exams were illegible and difficult to decipher due to handwriting. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications (Percocet since 2014, and Tramadol, Soma and trazodone since at least 04-2015). The request for authorization (08-31-2015) shows that the following medications were requested: Methadone 10mg #90, Percocet 10-325mg #120, Soma 350mg #30, Tramadol 50mg #240, Escitalopram 10mg #60, and trazodone. On 09-08-2015, the original utilization review non-certified the requests for Methadone 10mg #90, Percocet 10-325mg #120, Soma 350mg #30, Tramadol 50mg #240, Escitalopram 10mg #60, and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, opioids: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. MTSU Chronic pain does not support long-term use of opiates for pain management. Per MTUS: "It has been shown that pain behavior can be reinforced by the prescribing of opioids, generally on an unintentional basis by the patient." and "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long- range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long- range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. The patient is best managed with short term opiate use and other forms of pain control as outlined in the MTUS guidelines. The request is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, opioids: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. The request for 120 oxycodone exceeds the

guidelines for short-term treatment. The medication is proposed for the management of chronic pain. Neither ACOEM nor MTUS supports opiates for chronic pain. The request is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47: muscle relaxants: Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity. ACOEM does not support routine use of muscle relaxants. MTUS supports only short- term treatment. The request exceeds MTUS guidelines. Therefore, the request is not medically necessary.

Tramadol 50mg 3240: 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, specific drug list.

Decision rationale: Per MTUS: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. ACOEM does not support long- term use of opiates to manage chronic pain. In addition, MTUS does not recommend Tramadol as a first line oral analgesic. The patient is on multiple opiate medications, which is not supported by either MTUS or ACOEM. The request is not medically necessary.

Escitalopram 10mg #60: 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.

Decision rationale: Per MTUS: Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Escitalopram has FDA approval for the treatment of major depressive disorder in adolescents and adults, and generalized anxiety disorder in adults. MTUS supports a role for antidepressants for the treatment of chronic pain. This patient has chronic neuropathic pain. MTUS supports this medication. The request is medically necessary.

Trazodone 50mg #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.

Decision rationale: Per MTUS: Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The patient has chronic pain that is most likely neuropathic in origin. The MTUS guidelines support anti-depressants rather than opiates to manage chronic pain. The requested anti-depressant Trazodone is supported based on the MTUS guidelines. The request is medically necessary.