

Case Number:	CM15-0062808		
Date Assigned:	04/09/2015	Date of Injury:	02/22/2010
Decision Date:	05/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/03/2015

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 55-year-old male injured worker suffered an industrial injury on 02/22/2010. The diagnoses included cervical and lumbar discogenic disease, impingement syndrome of the right shoulder and chronic pain. The diagnostics included magnetic resonance imaging of the lumbar spine, right shoulder and cervical spine. The injured worker had been treated with rotator cuff repair 7/14/2014, physical therapy, and medications. On 3/3/2015, the treating provider reported neck, back and right shoulder pain. There was tenderness along the cervical and lumbar spine muscles. The treatment plan included Ultracet, Topamax and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

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

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, the prescription of ULTRACET 37.5mg # 60 is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <http://www.rxlist.com/topamax-drug/side-effects-interactions.htm>.

Decision rationale: TOPAMAX (topiramate) Tablets and TOPAMAX (topiramate capsules) Sprinkle Capsules are indicated as initial monotherapy in patients 2 years of age and older with partial onset or primary generalized tonic-clonic seizures. It also indicated for headache prevention. It could be used in neuropathic pain. There is no documentation of chronic headache, neuropathic pain or failure of first line pain medications. Therefore, the prescription of Topamax 50mg #60 is not medically necessary.

Trazodone 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental stress chapter- Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50mg #60 is not medically necessary.