

Case Number:	CM15-0074296		
Date Assigned:	04/24/2015	Date of Injury:	04/07/2009
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 52 year old female sustained an industrial injury to bilateral wrists on 4/7/09. The injured worker later developed back pain. Current diagnoses included bilateral wrist sprain/strain, peripheral neuropathy, major depression, bilateral carpal tunnel syndrome, myofascial pain, low back pain, pain disorder with psychological factors and obesity. Previous treatment included physical therapy, injections, transcutaneous electrical nerve stimulator (TENS) unit, home exercise, psychiatric care, cognitive behavioral therapy and medications. Low back pain and bilateral hand pain were reported in November 2014. Modified duties/restrictions were noted in November 2014. Medications prescribed in November 2014 include ambien, flector patches, citalopram, and norco. Norco, tramadol, trazodone, and flector patches were prescribed in February 2015. A psychological evaluation on 3/13/15 noted diagnoses of depression, anxiety disorder and panic disorder, with treatment in 2012 with cognitive behavioral therapy and visits with a psychiatrist; currently, psychotherapy was recommended. In a PR-2 dated 3/26/15, the injured worker reported increasing pain to bilateral wrists over the past year. TENS unit, tramadol and lidopro were noted to be helpful. Flector patches were noted to be used for three years without side effects. It was noted that the injured worker was not performing a home exercise program due to pain. Examination was noted as no acute distress, appropriate mentation and demeanor, oriented times three. The treatment plan included continuing transcutaneous electrical nerve stimulator unit, continuing home exercise, paraffin to bilateral wrists and continuing medications (Norco, Trazadone, Tramadol and Flector patch). Magnetic resonance imaging to bilateral wrists was pending. The physician noted that the injured worker was

advised to cut back on Norco and Tramadol. Work status was noted as modified duty with restrictions. On 4/2/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic wrist and back pain. Norco has been prescribed for at least 4 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No specific functional goals, opioid contract, or random drug testing were discussed. Work restrictions were noted and were unchanged from November 2014 to March 2015; it was not documented if the injured worker had returned to work. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvements in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Pharmacy purchase of Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic wrist and back pain. Tramadol has been prescribed for at least 2 months. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No specific functional goals, opioid contract, or random drug testing were discussed. Work restrictions were noted and were unchanged from November 2014 to March 2015; it was not documented if the injured worker had returned to work. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific improvements in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Pharmacy purchase of Trazodone 50mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Sedating antidepressants such as amitriptyline, trazodone, and mirtazapine have been used to treat insomnia; there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in

sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. In this case, the treating physician did not specify the reason for prescription of trazodone. This injured worker has diagnoses of both chronic pain and depression. Psychotherapy for the treatment of depression was recommended at a recent psychological evaluation; there was no discussion of medication treatment for depression or sleep issues. This injured worker has chronic low back and wrist pain. Trazodone was prescribed for at least two months without documentation of functional improvement; there was no documentation of decrease in work restrictions or specific improvements in activities of daily living. Due to lack of documentation of functional improvement, and lack of documentation of specific indication for the use of this medication, the request for trazodone is not medically necessary.

Pharmacy purchase of Flector patches 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: flector patch.

Decision rationale: This injured worker has chronic back and wrist pain. Flector patches have been prescribed for at least four months and the documentation indicates that flector patches have been used for three years. Topical nonsteroidal anti-inflammatory agents (NSAIDs) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. The only FDA-approved topical NSAIDs are diclofenac formulations (Flector patch, diclofenac gel, Pennsaid solution). The ODG states that flector patch is not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile of diclofenac. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac, with cases of severe hepatic reactions reported in post marketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with diclofenac. This injured worker has chronic wrist and low back pain. There was no documentation of diagnosis of osteoarthritis. There was no documentation of failure or contraindication to oral NSAIDs. There was no documentation of measurement of transaminases as recommended by the guidelines. Due to lack of specific indication, and lack of laboratory monitoring as recommended by the guidelines with potential for toxicity, the request for flector patches is not medically necessary.

Outpatient paraffin bath to bilateral hands and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand chapter: paraffin wax baths.

Decision rationale: Per the ODG, paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to exercise. This injured worker was documented to have chronic wrist and hand pain, with diagnoses of bilateral wrist sprain/strain and carpal tunnel syndrome. There was no documentation of osteoarthritis of the hands or wrists. The injured worker was noted to not be performing her home exercise program due to pain. Due to lack of documentation of osteoarthritis and lack of evidence of performance of an exercise program, the request for paraffin bath to bilateral hands and wrists is not medically necessary.