MAXIMUS Federal Services

Case Number:	CM15-0093634		
Date Assigned:	05/19/2015	Date of Injury:	05/24/1996
Decision Date:	07/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 5/24/96. She reported a back and shoulder injury. The injured worker was diagnosed as having reactive depression, anxiety, chronic pain syndrome, cervical spondylosis, cervical neuropathy, cerebrovascular accident, gastroesophageal reflux disease and peripheral neuropathy. Treatment to date has included 2 carpal tunnel surgeries, steroid injections, cervical fusion, oral medications including opioids and physical therapy. It is noted the injured worker received steroid injection, which resulted in a spinal injury and coma for 4 days. Currently, the injured worker complains of pain in neck, mid back and arms and described it as stabbing, burning, numbing and tingling, rated as 8/10. Physical exam noted posterior neck musculatures tenderness and tenseness and diffuse palpable tenderness is noted over the lower lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL Powder #24: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 60.

Decision rationale: Based on the 1/28/15 progress report provided by the treating physician, this patient presents with neck, mid-back, and bilateral arm pain rated 8/10 on VAS scale with numbness/tingling. The treater has asked for Tramadol HCL powder #24 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cervical fusion in 2007, lumbar fusion L3 through sacrum in 2005 per 1/28/15 report. The patient is currently taking Lantus, Humalog, Lotensin, Norco and Tegretol per 12/17/14 report. The patient has frequent and severe migraine headaches, and has had a stroke and seizures per 1/28/15 report. The patient is currently 231 pounds and is 5'11 per 1/28/15 report. Due to her arm pain, the patient frequently drops dishes when doing chores per 1/28/15 report. The patient had gynecological surgery less than a year and a half ago, and has lost 30 pounds since then per 1/28/15 report. The patient is on permanent disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding medications for chronic pain MTUS Guidelines pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Tramadol has not been prescribed for the patient per review of reports dated 9/10/14 to 1/28/15. In regard to the prescription of Tramadol the request is indicated. This is the initiating prescription of this medication. A trial of Tramadol appears reasonable for patient's ongoing chronic pain condition. Therefore, the request is medically necessary.

Ultraderm Base Cream QTY: 79.20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: Based on the 1/28/15 progress report provided by the treating physician, this patient presents with neck, mid-back, and bilateral arm pain rated 8/10 on VAS scale with numbness/tingling. The treater has asked for ultraderm base cream qty: 79.20 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cervical fusion in 2007, lumbar fusion L3 through sacrum in 2005 per 1/28/15 report. The patient is currently taking Lantus, Humalog,

Lotensin, Norco and Tegretol per 12/17/14 report. The patient has frequent and severe migraine headaches, and has had a stroke and seizures per 1/28/15 report. The patient is currently 231 pounds and is 5'11 per 1/28/15 report. Due to her arm pain, the patient frequently drops dishes when doing chores per 1/28/15 report. The patient had gynecological surgery less than a year and a half ago, and has lost 30 pounds since then per 1/28/15 report. The patient is on permanent disability. The MTUS, ACOEM and ODG Guidelines do not address this request. The www.drugs.com website on Ultraderm states that, "emollients are substances that moisten and soften your skin. Topical emollients are used to treat or prevent dry skin. It is also used to treat acne, chapped lips, diaper rash, cold sores, or other minor skin irritations." The records do not show a history of Ultraderm cream use. The report making the request was not made available. There is no discussion as to why Ultraderm cream is being prescribed to this patient. Labor code 4610.5-2; definition of medical necessity. "Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury In this case, there is no evidence that Ultraderm can be helpful in managing chronic pain and the treater does not provide any discussion. The request is not medically necessary.

Amitriptyline HCL Powder QTY: 4.8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants medications for chronic pain Page(s): 13-15, 60.

Decision rationale: Based on the 1/28/15 progress report provided by the treating physician, this patient presents with neck, mid-back, and bilateral arm pain rated 8/10 on VAS scale with numbness/tingling. The treater has asked for amitriptyline HCL powder qty: 4.8 on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cervical fusion in 2007, lumbar fusion L3 through sacrum in 2005 per 1/28/15 report. The patient is currently taking Lantus, Humalog, Lotensin, Norco and Tegretol per 12/17/14 report. The patient has frequent and severe migraine headaches, and has had a stroke and seizures per 1/28/15 report. The patient is currently 231 pounds and is 5'11 per 1/28/15 report. Due to her arm pain, the patient frequently drops dishes when doing chores per 1/28/15 report. The patient had gynecological surgery less than a year and a half ago, and has lost 30 pounds since then per 1/28/15 report. The patient is on permanent disability. Regarding antidepressants, MTUS Guidelines, pages 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days a week whereas antidepressant's effect takes long to occur." MTUS Guidelines page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The treater does not discuss this request in the reports provided. The patient has been taking amitriptyline as early as 12/17/14. Review of reports dated 9/10/14 to 1/28/15 do not provide any indication how amitriptyline has impacted the patient's pain and function as required by MTUS Guidelines. Due to lack of documentation, the requested amitriptyline is not medically necessary.

Dextromethorphan HBR Powder QTY: 12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation ACOEM Pain update to Chapter 6, 2nd edition (2008).

Decision rationale: Based on the 1/28/15 progress report provided by the treating physician, this patient presents with neck, mid-back, and bilateral arm pain rated 8/10 on VAS scale with numbness/tingling. The treater has asked for dextromethorphan HBR powder qty: 12 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cervical fusion in 2007, lumbar fusion L3 through sacrum in 2005 per 1/28/15 report. The patient is currently taking Lantus, Humalog, Lotensin, Norco and Tegretol per 12/17/14 report. The patient has frequent and severe migraine headaches, and has had a stroke and seizures per 1/28/15 report. The patient is currently 231 pounds and is 5'11 per 1/28/15 report. Due to her arm pain, the patient frequently drops dishes when doing chores per 1/28/15 report. The patient had gynecological surgery less than a year and a half ago, and has lost 30 pounds since then per 1/28/15 report. The patient is on permanent disability. ACOEM Pain update to Chapter 6, 2nd edition (2008) states the following regarding Dextromethorphan: 1. "Recommendation: Dextromethorphan for Peripheral Diabetic Neuropathy or Other Peripheral Neuropathies. Dextromethorphan is recommended for treatment of select patients (e.g., those who have failed NSAIDs, TCAs, and anti-convulsant agents) with peripheral diabetic neuropathy and, by inference, other peripheral neuropathies. 517 Indications - Patients with diabetic neuropathy or other peripheral neuropathies who have failed NSAIDs, TCAs, and anti-convulsant agents. Frequency/Duration - Doses used have ranged widely. In the successful trial, an average daily dose of 400mg was utilized. Dextromethorphan is recommended in doses that are on average at least 3 times higher than the antitussive dose, and carefully titrated to therapeutic effect. Duration of use for patients with chronic neuropathic pain should generally be limited to 2 or 3 months as there is no evidence of long-term safety, although longer periods of use may be reasonable. Indications for Discontinuation - Resolution of neuropathic pain, lack of efficacy, development of adverse effects." Regarding medications for chronic pain MTUS Guidelines pg. 60, 61 states: “Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded.” The treater does not discuss this request in the reports provided. MTUS guidelines support the use of dextromethorphan and other NMDA receptor antagonists as a second-line treatment for patients who present with peripheral neuorpathies and have failed NSAIDs, TCA’s, and anti-convulsants. Dextromethorphan has not been prescribed for the patient per review of reports dated 9/10/14 to 1/28/15. In regard to the prescription of Dextromethorphan the request is indicated for patient's ongoing peripheral neuropathic pain. This is the initiating prescription of this medication. A trial of Dextro-methorphan appears reasonable. Therefore, the request is medically necessary.