

Case Number:	CM15-0096709		
Date Assigned:	05/27/2015	Date of Injury:	07/25/1998
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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 58-year-old male, who sustained an industrial injury on 7/25/96. He reported a back injury. The injured worker was diagnosed as having lumbar intervertebral disc syndrome, lumbar myofascial pain syndrome, right leg radiculopathy, right sacroiliac sprain; status post left shoulder arthroscopic surgery and gradual onset of right shoulder pain secondary to left shoulder. Treatment to date has included oral medications, TENS unit, physical therapy and home exercise program. Currently, the injured worker complains of low back pain relieved Anaprox, and unable to resolve pain with Tramadol. Physical exam noted muscle guarding with palpation of lumbar paravertebral muscles, pain with palpation of the right sacroiliac joint and tenderness of right sciatic notch and restricted lumbar range of motion. Requests for authorization were submitted for Prozac and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 270 (retro DOS 4/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 91, and 124.

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

Decision rationale: The 58 year old patient complains of back pain along with hypersensitivity in the right foot, as per progress report dated 04/23/15. The request is for TRAMADOL 50 mg QTY 270 (RETRO DOS 04/23/15) (PEN BID 1-2 TABS EVERY 6-8 HRS). The RFA for the case is dated 05/01/15, and the date of injury is 07/25/96. Diagnoses, as per progress report dated 04/23/15, included lumbar intervertebral disc syndrome, lumbar myofascial pain syndrome, right leg radiculopathy, right sacroiliac pain, and right shoulder pain secondary to left shoulder pain. The patient is status post left shoulder arthroscopic surgery. The patient is working, as per the same progress report. 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. In this case, a prescription for Tramadol is first noted in progress report dated 09/11/14, and the patient has been taking the medication at least since then. The treater states, "He is able to get by with low-dose Tramadol for pain control, majority of time." The patient is working, which indicates high function. The treater, however, does not use a numerical scale to document reduction in pain nor does the treater provide examples that demonstrate improvement in function. No UDS and CURES reports are available for review, and there no documentation of side effects due to Tramadol use. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse reactions, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

Prozac 20 mg Qty 180 (retro DOS 4/23/15): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-414.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15.

Decision rationale: The 58 year old patient complains of back pain along with hypersensitivity in the right foot, as per progress report dated 04/23/15. The request is for PROZAC 20 mg QTY 180 (RETRO DOS 04/23/15) (BID). The RFA for the case is dated 05/01/15, and the date of injury is 07/25/96. Diagnoses, as per progress report dated 04/23/15, included lumbar intervertebral disc syndrome, lumbar myofascial pain syndrome, right leg radiculopathy, right sacroiliac pain, and right shoulder pain secondary to left shoulder pain. The patient is status post left shoulder arthroscopic surgery. The patient is working, as per the same progress report. Regarding Prozac (Fluoxetine), MTUS page 13-15 states, "Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain... Selective Serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological

symptoms associated with chronic pain. (Namaka, 2004)" In this case, a prescription for Prozac is only noted in progress report dated 04/23/15. In the report, the treater states that the patient benefited from "Prozac for situational depression." The treater also states that Prozac provided "good functional benefit" as well. Given the efficacy and the patient's chronic pain, the request IS medically necessary.