

Case Number:	CM13-0024355		
Date Assigned:	11/20/2013	Date of Injury:	06/02/2008
Decision Date:	01/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old male who sustained an injury on June 2, 2008. The injured worker carries a diagnosis of lumbosacral spondylosis without myelopathy, lumbago, history of open reduction internal fixation of the right ankle, history of prior radiofrequency ablation, anxiety, and depression disorder not otherwise classified, and difficulty with sleep. The disputed issues include a request for Ultracet, Colace, Neurontin, radiofrequency ablation of the lumbar medial branches, Effexor XR, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription Ultracet 37.5/325, #240 with 1 refill report 8/8/13 (dispense generic unless DAW): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use; Tramadol. Page(s): 76-80 and 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioid Page(s): 79-79 and 94.

Decision rationale: Ultracet is a combination of tramadol and acetaminophen. The Chronic Pain Medical Treatment Medical Guidelines on page 94 states the following regarding tramadol: "Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified

as a controlled substance by the DEA. Side Effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Warning: Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Analgesic dose: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ERÂ®: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release tramadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). (Product information, Ortho-McNeil 2003) (Lexi-Comp, 2008)" Since tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Medical Guidelines, which specify on pages 78-79. The utilization review decision had modified the request for Ultracet to #120 tablets with no refills. The rationale for this modification includes "a recent flare-up and lack of adequate pain control and other clinical information submitted." A recent primary treating physician's progress report on date of service October 3, 2013 indicates that the medications a the injured worker in carrying out activities of daily living, walking and cycling for exercise, and maintaining the upkeep of his home. Thus, there is documented functional benefit in analgesic efficacy of this medication. However, documentation of aberrant behaviors or lack thereof is still lacking in the submitted documentation. The requesting healthcare provider should document the presence or absence of any aberrant behaviors such as early refills, results of random urine drug testing, or querying the CURES database. Without this documentation, the outcome of the utilization review is upheld.

prescription Colace 100mg, #200 with 1 refill report 8/8/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioid Initiation Page(s): 76.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines specify in the section on opiate initiation for "Prophylactic treatment of constipation should be initiated." Furthermore, a panel qualified medical evaluation performed on date of service November 27, 2013 indicates that the patient has significant constipation symptoms including hard bowel movements. These symptoms have been noted to improve in 2012. The final recommendations of this QME recommended continuation of Colace. The use of Colace for constipation is recommended for certification

prescription Neurontin 400mg, #180 with 1 refill report 8/8/13 (dispense generic unless DAW): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-epileptic Drugs Page(s): 18-19.

Decision rationale: With regard to the use of Neurontin in this injured worker, there is appropriate use of this antiepileptic drug for the indication of neuropathic pain. This injured worker has had radicular pain symptoms affecting the right lower extremity in the pass. This is documented in a progress note with date of service November 29, 2012. The patient has known lumbar disc herniation. Additionally, the podiatrist following this patient has documented neuropathy of the deep peroneal nerve. In the most recent progress note available for review on date of service October 3, 2013, there is documentation that medications are helping functionally in terms of activities daily living and exercise. Given the guidelines, this request is recommended for certification.

prescription Effexor XR 75mg, #60 with 1 refill report 8/8/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123-124.

Decision rationale: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor®) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. Dosage requirements are necessary in patients with hepatic and renal impairment. (Namaka, 2004) See also Antidepressants for chronic pain for general guidelines, as well as specific Venlafaxine listing for more information and references." In the case of this injured worker, there is documentation of neuropathic pain from both lumbar radiculopathy as well as deep peroneal neuropathy. This injured worker has had radicular pain symptoms affecting the right lower extremity in the pass. This is documented in a progress note with date of service November 29, 2012. The patient has known lumbar disc herniation. Additionally, the podiatrist following this patient has documented neuropathy of the deep peroneal nerve. Furthermore, a panel qualified medical evaluation on date of service November 27, 2013 indicates that the patient has benefited from venlafaxine in terms of depression and mood symptoms. The most

recent progress report by the primary treating physician documents functional benefit from patient's current pain regimen. The request for venlafaxine is recommended for certification.

prescription of Ambien 10mg, #60 +1 refill report 8/8/13 (dispense generic unless DAW (dispense as written): 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), Treatment Index, 11th Edition (web), 2013, Pain-Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Mental Health and Stress, Zolpidem

Decision rationale: The Official Disability Guidelines are utilized which specifies that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" In the case of this injured worker, there appears to be long-term use of zolpidem for insomnia. The official disability guidelines do not recommend be long-term use of zolpidem. Furthermore, there is documentation in a panel qualified medical evaluation on date of service November 27, 2013 that the injured worker experienced nightmares on zolpidem. With this side effect, there should be discontinuation of this medication. It is noted that the primary treating physician does not document the side effect in his progress notes. If the side effect is not present, then there should be clarification as to the discrepancy between this side effect being reported by the panel qualified medical evaluation versus the primary treating physician. This request is recommended for non-certification.

radiofrequency ablation of the right L3, L4, L5 report 8/8/13: 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), Treatment Index, 11th Edition (web), 2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Section Code of Regulations Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Lumbar Spine Pain, Section on Radiofrequency Ablation Lumbar Spine.

Decision rationale: In the case of this injured worker, there is documentation of previous radiofrequency ablation at the right L3 through L5 levels in late 2011. Documentation from a panel qualified medical evaluation performed on November 27, 2013 indicates that the

radiofrequency ablation took place on October 28, 2011 and the patient experienced a decrease in pain level to a VAS score of 3 to 4 out of 10 on November 23, 2011. Additionally the requesting healthcare provider has documented that the patient received improvement from prior radiofrequency ablation. However, the Official Disability Guidelines criteria for repeat radiofrequency ablation are for "duration of relief from the first procedure ... [of] at least 12 weeks at ≥ 50% relief." Since this is not documented in the submitted documentation, the request for repeat radiofrequency ablation is recommended for non-certification.