

Case Number:	CM13-0035867		
Date Assigned:	12/13/2013	Date of Injury:	12/09/1999
Decision Date:	03/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 43 years old male who was injured in 12/9/99. He was 29 years old then and worked as a day laborer when he was kicked by a horse during his job. During a visit on 7/31/13, the patient complaint of increasing dizziness and headaches occurring about 4 times each week. and he thinks is secondary to Opana. He also complaints of low back pain radiating to the left leg with numbness. He has intermittent neck pain with depression and anxiety because his pains are not getting better. Previous X-rays show grade II -III anterior listhesis of L5 on S1 with significant degenerative intervertebral disc narrowing. MRI showed L5 - S1 grade 11 spondylolithes and posterior disc protrusion (6mm and an annular tear). According to Primary Treating Physician's Progress Report/Request for Authorization/RFA Form Attached dated 08/01/13 by [REDACTED] the patient complained of low back pain that radiated mostly to the left leg with numbness. -Intermittent neck pain was reported. The patient also complained of depression and anxiety due to the continued pain. Suicidal ideation was denied. The patient reported being increasingly dizzy and had headaches for "four to times a week" and related it to Opana. The patient was noted to have L5 spondylolysis, degenerative disc disease and left renal para-pelvic cyst. On examination, mood and affect were mildly depressed. Left lower extremity strength was 5-/5 due to pain. Muscle strength was otherwise normal at 5/5. Usual gait was mildly antalgic on the left due to low back pain. Sensation was decreased to light touch in L5-S1 dermatome in the front of the leg and the foot sole. Cervical spine examination revealed mild tenderness of the paracervical muscles but no muscle spasm. Active range of motion (ROM) documented flexion was 100 percent of normal, extension was 30 percent of normal, left and right lateral flexion was 80 percent of normal. Spurling's was negative on both sides, On lumbar spine examination, palpation demonstrated slight to moderate muscle spasm, mostly on the left side. Active ROM documented flexion was 60 percent of normal, extension

was 50 percent of normal, right lateral flexion was 80 percent of normal, left lateral flexion was 50 percent of normal. Straight leg raise was positive on the left at 60 degrees in sitting and supine position, produced low back greater than thigh and calf pain. Straight leg raise was negative on the left. Lasegue's was negative bilaterally. The patient was diagnosed with: (1) lumbar radiculopathy, left greater than right, with MRI evidence of grade II to III spondylolisthesis of L5 on S1 with significant dysfunction at L5-S1 level and impingement of the nerve root per MRI of 07/25/11; (2) cervical strain, not as prominent, intermittent symptoms; and (3) secondary anxiety and depression due to diagnosis number 1 causing chronic pain. Treatment plan was: (1) MRI of the cervical spine due to increasing headaches and dizziness; (2) chiropractic and physical therapy two times per month for three months, during flare-ups of the patient's complaints; (3) medications: (a) Vicodin 5/500 mg, 1 tab BID PRN #60 per month; (b) Pamelor 25 mg, 1-2 tabs every PM for sleep, depression symptomatology, and chronic pain; (c) tramadol 100 mg, 1 tab TID #90 for pain and inflammation; (d) Butrans Patch 5 meg, 1 patch every 7 days #6; (e) discontinue Opana IR 10 mg; (4) the patient also utilized lisinopril for high blood pressure; (5) follow-up in 6 weeks. According to the clinical summary, the patient attended chiropractic treatment sessions (number of completed visits was not documented). There was no response received from [REDACTED] office with regard to the request for additional information. This is a request for the medical necessity of MRI of the cervical spine; chiropractic and physical therapy x 2 month for 3 months (total of 6 visits); and Vicodin 5/500 1 tab BID PRN #60, Pamelor 25 mg 1-2 tab QHS, tramadol 100 mg 1 tab TID #90, and BuTrans Pat

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Neck and Upper Back (Acute & Chronic)(updated 03/07/14) Magnetic resonance imaging (MRI)

Decision rationale: With respect to MRI of the Cervical Spine, ODG guidelines, stipulated that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). (Anderson, 2000) (ACR, 2002). According to ACOEM (2004), relying only on imaging studies to evaluate the source of neck symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms, and therefore has no temporal association with the symptoms. The level of evidence is D. Therefore the request for MRI of the left shoulder is not medically necessary.

60 tablets of Vicodin 5/500, one (1) tablet, twice a day (BID) as needed (PRN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , specific drug list Page(s): 76 through 77, and 82 of 127. Decision based on Non-MTUS Citation ODG-TWC-Pain (Chronic) (updated 11/14/13)-Opioids for chronic pain

Decision rationale: With respect to the request for 60 tablets of Vicodin 5/500, one (1) tablet, twice a day (BID) as needed (PRN), the guidelines does not support this long term use. Vicodin is a short acting narcotic. Documentation shows complaints of pain. The previous UR physician approved #30 for an occasional flare up of pain. The guidelines does not recommend opioid as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. ODG states: Recommended as a 2nd or 3rd line treatment option at doses \hat{u} 120 mg daily oral morphine equivalent dose (MED).The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request or Vicodin 5/500 1 tab BID PRN, #60, is not medically necessary.

Pamelor 25mg, 1-2 tablets every night at bedtime (QHS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13 to 16 of 127.

Decision rationale: With respect to the request for Pamelor 25mg, 1-2 tablets every night at bedtime (QHS) every PM for sleep, depression symptomatology, and chronic pain, this order is incomplete since it did not specify the duration and quantity of pamelor to be dispensed. Tricyclics are effective for long term treatment of chronic pain. The request for Pamelor 25mg 1-2 tab QHS was modified by previous UR physician reviewer with certification for one month to monitor and document the effectiveness of the medication. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Therefore the request for Elavil 25 mg #60 (3refills) is not medically necessary or appropriate. Pamelor 25mg, 1-2 tablets every night at bedtime (QHS) every PM for sleep, depression symptomatology, and chronic pain which is vague since the duration and quantity of medication to be dispensed was not documented, appears to be in appropriate.

90 tablets of Tramadol 100mg, one (1) tablet three times a day (TID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75, 80 and 84 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 1/7/2014) Tramadol (Ultram®)

Decision rationale: With respect to prescription of 90 tablets of Tramadol 100mg, one (1) tablet three times a day (TID), the guidelines does not recommended this medication as well as other opioids as a first-line therapy for neuropathic pain. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Also there is lack of documented improvement in function or reduction in pain symptoms with the use of this medication.. ODG recommends the lowest possible dose should be prescribed to improve pain and function. Per the records provided, the patient had a flare-up of pain instead. According to documents provided for review, it was not clear how long this medication had been used and there is no documentation of functional improvement with the use of this medication. The previous UR reviewer approved a one month supply of this medication pending the documentation of functional out come and effectiveness with the use of the medication. Therefore the request for 90 tablets of Tramadol 100mg, one (1) tablet three times a day (TID) is not medically necessary since the request did not specify how long the medication should be used.

60 Butrans patches 5mcg, one (1) topically every seven (7) days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 26 to 27 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 3/10/2014) Buprenorphine for chronic pain

Decision rationale: Regarding 60 Butrans patches 5mcg, one (1) topically every seven (7) days, the guidelines recommend sublingual buprenorphine for opiate addiction and detoxification. In addition, the transdermal patch is FDA approved for moderate to severe chronic pain when the patient needs continuous analgesia for an extended period of time. A satisfactory response is indicated by decreased pain, increased function, or improved quality of life. Butrans patch 5mcg 1 topically every 7 days, #6 was approved for a month supply by previous UR physician, pending claimants response to the medication before additional doses can be approved. Evidence-based guidelines recommend the transdermal patch for moderate to severe pain when the patient requires continuous pain relief for an extended period of time. Therefore the request for 60 Butrans patches 5mcg, one (1) topically every seven (7) days with no time limit is not medically appropriate.