

<b>Case Number:</b>	CM13-0048693		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in Florida. 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/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 56-year-old male who reported an injury on 07/15/2010. The reported mechanism of injury was a trip and partial fall. The clinical note dated 10/16/2013 stated that the injured worker complains of constant stabbing pain on the top of the right foot between the 1st toe and the ankle occurring during the day, provoked by standing more than 5 minutes to 10 minutes or walking for more than 5 minutes to 10 minutes, and with cold temperature. The injured worker complains of numbness to the right lateral foot and ankle and constant throbbing and tingling in the right calf. The injured worker complains of pain radiating up to the mid back and down to the buttocks and to the bilateral left and right knees. The pain is shooting down to the back of the legs. The lower back pain increases with standing, bending, sitting for greater than 10 minutes, cold weather, and is associated with a sensation of burning if he stands for more than 10 minutes and when walking for more than 10 minutes. The injured worker complains of 2 times to 3 times a week migraine headaches described as severe, throbbing headaches that started in the morning on awakening, associated with ringing in the ears and blurry vision. The headaches were provoked by a poor night's sleep, increased in the lower back pain or pain in the right ankle. The injured worker's past medical history is significant for hypertension, superior ventricular tachycardia, appendectomy, and tonsillectomy. The injured worker had his right thumb and index finger partially amputated when he was 14 years old. Current medications listed are Atenolol 50 mg once a day, aspirin 81 mg once a day, multivitamins, Neurontin 300 mg by mouth 3 times a day, Relafen 750 mg twice a day, Vicodin 5/500 mg 2 tablets a day as needed, Tramadol 50 mg 3 times to 4 times a day as needed, Cidaflex 3 times a day, and Medrox ointment 3 times a day. Lumbar spine examination reveals a loss of physiologic lordosis at the lumbar spine and severe paravertebral muscle tenderness. Straight leg raising sign was negative bilaterally. The injured worker is unable to stand on his toes on the right side and has difficulties

getting up on his heels. There is slight non-pitting edema at the bilateral feet. The injured worker has a positive Tinel's sign at the posterior tarsal tunnel on the right and weakness of the right abductors on the right foot. There is noted decrease to light touch and pin prick in the distribution of the left lateral plantar sensory nerve. The treatment recommendations are Neurontin 300 mg 3 times a day for neuropathic pain, Relafen 750 mg twice a day with food, Vicodin 5/500 as needed for pain up to 2 tablets a day, Tramadol 50 mg 4 times a day as needed, and Cidaflex 3 times a day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RELAFEN 750MG #60 - 3 MONTH SUPPLY:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for the decision for Relafen 750MG #60 - 3 month supply is non-certified. The California MTUS says that package inserts on NSAIDs recommend periodic lab monitoring of CBC and chemistry profiles including liver and renal function tests. There is a recommendation to measure liver transaminases within 4 weeks to 8 weeks after starting the therapy, but the interval of repeating labs after this treatment duration has not been established. All NSAIDs have an associated risk of adverse cardiovascular events, including heart attacks, stroke, and/or new worsening of pre-existing hypertension. NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen should be considered for initial therapy for patients with mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. For back pain - acute exacerbation of chronic pain: the California MTUS recommends NSAIDs as a second line of treatment after acetaminophen. For chronic low back pain, NSAIDs are recommended as an option for short term symptomatic relief. The documentation provided for review noted that the injured worker has chronic long term low back pain. The documentation notes that the injured worker does home exercise on a regular basis and, per the documentation on 10/16/2013, had lost 20 pounds. The request for Relafen 750MG #60 - 3 month supply does not have the directions for the intake of the medication, and the directions are unclear. Therefore, the request is non-certified.

**VICODIN 5/500 #60 - 1 REFILL:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The decision for Vicodin 5/500 #60 - 1 refill is non-certified. The California MTUS recommends short acting opioids, such as Vicodin, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The documentation provided for review did not include any documentation on the 4 A's, drug testing, or pain levels before, during, or after taking the medication. Due to the request just stating Vicodin 5/500 #60 one refill with no clear directions for how to take the medication, the request is non-certified.

**TRAMADOL 50MG #120 - 3 MONTH SUPPLY:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The decision for Tramadol 50MG #120 - 3 month supply is non-certified. The California MTUS says that Tramadol is not recommended for first line of therapy. Opioid analgesics and Tramadol have been suggested as a second line of treatment or in combination for first line of treatment drugs. The documentation provided for review did not have ongoing review and documentation of pain relief, functional status, appropriate medication use, or any side effects that the injured worker would have reported. There was no pain assessment for pain over the last period since the last assessment, the intensity of pain after taking the opioid, or how long it takes for the pain relief. The 4 A's for ongoing monitoring: 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially non-adherent or aberrant drug related behaviors were not documented or provided for review. The request for the medication was not clear on the directions of the Tramadol, which just states Tramadol 50 mg #120 three months supply. Therefore, the request is non-certified.