

Case Number:	CM14-0041375		
Date Assigned:	06/30/2014	Date of Injury:	04/20/2009
Decision Date:	09/03/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; earlier lumbar decompression surgery, apparently prior to the industrial injury, in 2006; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 1, 2014, the claims administrator partially certified Ultram, apparently for weaning purposes, denied Mobic, partially certified Lyrica, and denied Ambien outright. The applicant's attorney subsequently appealed. In a March 13, 2014 progress note, the applicant reported persistent complaints of ankle pain, abdominal pain, and reflux. The applicant had issues with constipation and blurred vision, it was further suggested. The applicant's work status was not provided. The applicant was given a prescription for Zestril, Carafate, simethicone, probiotics, and aspirin. In a handwritten progress note dated January 20, 2014, the applicant was described as working. The note was admittedly difficult to follow. The attending provider seemingly suggested, admittedly through preprinted checkboxes, that the applicant's pain levels were reportedly well controlled with medications. The applicant did report ongoing complaints of low back pain and did exhibit a limp, it was stated. Ongoing medication usage was ameliorating the applicant's ability to walk and stand, it was suggested, and had diminished the applicant's pain level to 6/10, it was further noted. Another section of the report, it is incidentally noted, stated that the applicant's pain levels had dropped to 3/10 with ongoing medication usage. Lyrica, home exercises, Ambien, tramadol, and Zestril were prescribed. The applicant was asked to discontinue Vicodin. It appeared that the request for Ultram or tramadol, thus, may have been a first-time request. In another handwritten note dated March 11, 2014, the attending provider again posited that the applicant was working with limitations in place. The

applicant reported 3-4/10 pain with medications versus 7-8/10 pain without medications. The attending provider stated that the applicant was able to maintain successful return to work status with ongoing medication usage, including ongoing usage of Ultram, Mobic, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Ultram ER 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia: When to Discontinue Opioids and When to continue Opioids; Opioids for chronic back pain, outcome Measures and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant does appear to meet these criteria. The applicant has reported pain levels in the 3-4/10 range with medications and 7-8/10 range without medications. Ongoing usage of medications, the attending provider has posited, has helped the applicant achieve and/or maintain successful return to work status and has improved the applicant's ability to stand, walk, and perform other activities of daily living. Therefore, the request for Ultram is medically necessary.

60 Mobic 7.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic, MTUS 9792.20f Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as Mobic do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here. The applicant has demonstrated functional improvement as defined in MTUS 9792.20f through ongoing usage of Mobic. The applicant has, namely, achieved and/or maintained successful return to work status and is reporting appropriate reductions in pain levels and improvements in function with ongoing Mobic usage. Therefore, the request is medically necessary.

60 Lyrica 75mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Lyrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Topic Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is a first-line treatment for neuropathic pain, as is present here in the form of the applicant's ongoing lumbar radicular pain radiating to the lower extremities. As with the other medications, the attending provider has posited that ongoing usage of Lyrica has ameliorated the applicant's ability to sit, stand, walk, perform other activities of daily living and return to and maintain successful return to work status. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA label purpose has a responsibility to be well informed regarding usage of the same and should, furthermore, provide some compelling evidence to support such usage. In this case, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The attending provider and/or the applicant, however, are seemingly employing Ambien for chronic, long-term, and/or scheduled use purposes for what appears to be well over 35 days. No rationale for usage of Ambien in a matter which does not conform to the FDA label was furnished by the attending provider. Therefore, the request is not medically necessary.