

<b>Case Number:</b>	CM15-0002614		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 55 year old male who sustained an industrial injury on 9/17/2001. He has reported injury to his head, neck, and spine after falling through a floor on a construction site. The diagnoses have included chronic pain, post laminectomy syndrome, chronic left lumbar radiculitis, diabetes mellitus, sexual dysfunction, gastritis, hypertension, anxiety, and depression. Treatment to date has included shoulder surgery (2014), physiotherapy, medication management and TENS (transcutaneous electrical nerve stimulation). Currently, the injured worker complains of difficulty walking and back pain. The injured worker was noted to use a cane and a walker for ambulation. Work status was noted as permanent and stationary. Treatment plan included Butrans patch 5 micrograms/hour #30, Tramadol 50 milligrams #120, Omeprazole 20 milligrams #30, Cialis 20 milligrams #10 and Zolpidem Tartrate 10 mg #30. Additional medication included cymbalta for depression. The documentation submitted indicates that the medications requested have been in use for at least 6 months. A urine drug screen from 10/13/14 did not detect tramadol and butrans, although these medications were indicated as prescribed. On 12/12/2014, Utilization Review non-certified Omeprazole, noting a lack of gastroesophageal reflux disease diagnosis, noncertified Cialis due to lack of functional improvement, noncertified the Tramadol, noting the lack of functional improvement, noncertified the Zolpidem Tartrate, noting the lack of indication, and noncertified the Butrans, noting the lack of pain and functional improvement. The MTUS and ACOEM Guidelines were cited and non MTUS, ACOEM guidelines, and Official Disability Guidelines were cited in the Utilization Review determination.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription of Butrans Patch 5mcg/hr #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines buprenorphine p. 26-27 opioids p. 74-96 Page(s): p. 26-27, 74-96.

**Decision rationale:** Butrans (buprenorphine) is an opioid analgesic. The MTUS notes that buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has diagnoses of chronic pain; post laminectomy syndrome, chronic left lumbar radiculitis. The documentation indicates that opioid medication including butrans and tramadol have been prescribed for at least 6 months. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. A urine drug screen done in October 2014 was not consistent with prescribed medication; this finding was not addressed in the treating physician's progress notes. Due to lack of documentation of functional improvement and lack of prescribing of opioid medication in accordance with MTUS guidelines, the request for butrans patch 5 mcg/hr #30 is not medically necessary.

### **1 Prescription of Tramadol 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tramadol p. 113, opioids p. 74-96 Page(s): 74-96, 113.

**Decision rationale:** Butrans (buprenorphine) is an opioid analgesic. The MTUS notes that buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The injured worker has diagnoses of chronic pain; post laminectomy syndrome, chronic left lumbar radiculitis. The documentation indicates that opioid medication including butrans and tramadol have been prescribed for at least 6 months. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. A urine drug screen done in October 2014 was not consistent with prescribed medication; this finding was not addressed in the treating physician's progress notes. Due to lack of documentation of functional improvement and lack of prescribing of opioid medication in accordance with MTUS guidelines, the request for tramadol 50 mg #120 is not medically necessary.

### **1 Prescription of Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gastroesophageal Reflux Disease (GERD), treatment/Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has been prescribed omeprazole, a proton pump inhibitor, for at least 6 months. The MTUS notes that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. There is no documentation that the injured worker is also using NSAID medication. The physician progress notes indicate a diagnosis of gastritis, however there was no documentation of gastrointestinal signs or symptoms, and examination of the abdomen was not documented. Due to lack of an indication for use, the request for omeprazole 20 mg #30 is not medically necessary.

## **1 Prescription of Cialis 20mg #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The Management of Erectile Dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc; 2005. Various p. [78 references]

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp online copyright 1978-2015

**Decision rationale:** Cialis (Tadalafil) is a phosphodiesterase-5 enzyme inhibitor used for treatment of erectile dysfunction and benign prostatic hypertrophy. The treating physician notes the injured worker had a diagnosis of erectile dysfunction as well as diagnosis of diabetes. The progress note of 11/24/14 states that the injured worker requires urology evaluation for erectile dysfunction. There was no detailed discussion regarding any prior evaluation of erectile dysfunction. Cialis had been prescribed for at least 6 months without documentation of results of treatment or continued indication for its use. The request for Cialis 20 mg #10 is not medically necessary.

## **1 Prescription of Zolpidem Tartrate 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mental Chapter, Zolpidem (Ambien). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain chapter: insomnia treatment

**Decision rationale:** The injured worker was noted to have sleep disturbance, and zolpidem has been prescribed for at least 6 months. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. The request for zolpidem tartrate 10 mg #30 is not medically necessary.