

<b>Case Number:</b>	CM15-0102185		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/23/2002
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old male, with a reported date of injury of 05/23/2002. The diagnoses include high blood pressure, lumbar disc disease, failed low back syndrome, and left leg radiculopathy. Treatments to date have included oral medications, lumbar spine discectomy and laminectomy, topical pain medication, and an MRI of the lumbar spine on 06/12/2014 which showed disc protrusion which caused moderate canal stenosis and moderate to severe foraminal stenosis bilaterally. The Re-examination and Supplemental Report dated 04/27/2015 indicates that the injured worker had persistent low back pain and ongoing left leg pain, numbness, and weakness. He felt that the Tramadol reduced his back and leg pain. The injured worker denied any side effects from Tramadol or Norco. He denied abdominal pain, nausea, or constipation. Without taking pain medications, he has had a very hard time getting out of bed; his low back pain came down to around 3 out of 10 from 5-7 out of 10 after taking pain medications. The injured worker felt that he did not have enough number of pills throughout the day to continue keeping his pain down. If the injured worker's blood pressure is too low in the mornings, he skipped all morning blood pressure medications. He denied having any chest pain or shortness of breath. The injured worker also complained of left-sided neck pain. The physical examination showed a blood pressure reading of 144/70, a pulse of 76, regular heart rate and rhythm, reduced active lumbar spine range of motion with pain and guarding, myospasm and hypertonicity of the bilateral paralumbar muscles, more on the left side, positive bilateral straight leg raise test, and reduced sensation to light touch on the lateral aspect of the lower legs into the feet, more on the left side. The treating physician requested Losartan potassium 50mg #60 with

one refill, Atenolol 50mg #60 with one refill, Amlodipine 5mg #60 with one refill, and Tramadol ER 200mg #60. It was noted that the injured worker's blood pressure was now better controlled on three blood pressure medications. It was also noted that the injured worker's increase in blood pressure coincides with minimizing his total amount of Norco, and therefore, the need for additional blood pressure medication was likely related to increased level of pain.

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

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

#### **Losartan potassium 50mg #60 with 1 refill: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre, Hypertension, Clinical management of primary hypertension in adults. London (UK): National Institute for Health and Clinical Excellence (NICE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com): Losartan Potassium.

**Decision rationale:** The patient was injured on 05/23/02 and presents with low back pain and leg pain numbness/weakness. The request is for LOSARTAN POTASSIUM 50MG #60 WITH 1 REFILL. The utilization review denial rationale is that since the patient was scheduled for a follow up in 4 weeks, to review his blood pressure log, a refill would not appear warranted.? The RFA is dated 04/27/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 10/01/14. According to [www.drugs.com](http://www.drugs.com), Losartan Potassium Blocks vasoconstriction and aldosterone-secreting effects of angiotensin II by selectively blocking the binding of angiotensin II to the angiotensin II receptor (AT 1 receptor) in vascular smooth muscle and the adrenal gland. Treatment of hypertension; nephropathy in type 2 diabetic patients; reduce risk of stroke in patients with hypertension and left ventricular hypertrophy. The patient is diagnosed with lumbar disc disease, status post discectomy, failed low back syndrome, left leg radiculopathy, left foot drop, history of hepatitis C, hypertension, hypothyroidism, S1 radiculopathy, left L5 radiculopathy, and hyperglycemia. The 04/27/15 report states that the patient has hypertension and hypothyroidism. He has had inconsistent hyperglycemia in the past. He has been checking his home blood pressure values and his logs show: 124-146/ 77-85. There is on systolic of 110 from 1 week ago. In this case, the patient does have a history of hypertension and losartan potassium is warranted. The request IS medically necessary.

#### **Atenolol 50mg #60 with 1 refill: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre, Hypertension, Clinical management of primary hypertension in adults. London (UK): National Institute for Health and Clinical Excellence (NICE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com): Atenolol.

**Decision rationale:** The patient was injured on 05/23/02 and presents with low back pain and leg pain numbness/weakness. The request is for ATENOLOL 50 MG #60 WITH 1 REFILL. The utilization review denial rationale is that since the patient was scheduled for a follow up in 4 weeks, to review his blood pressure log, a refill would not appear warranted. The RFA is dated 04/27/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 10/01/14. According to [www.drugs.com](http://www.drugs.com), atenolol Tenormin is a group of drugs called beta-blockers. Beta-blockers affect the heart and circulation blood flow through arteries and veins. Atenolol is used to treat angina chest pain and hypertension high blood pressure. It is also used to treat or prevent heart attack. The patient is diagnosed with lumbar disc disease, status post discectomy, failed low back syndrome, left leg radiculopathy, left foot drop, history of hepatitis C, hypertension, hypothyroidism, S1 radiculopathy, left L5 radiculopathy, and hyperglycemia. The 04/27/15 report states that the patient has hypertension and hypothyroidism. He has had inconsistent hyperglycemia in the past. He has been checking his home blood pressure values and his logs show: 124-146/ 77-85. There is on systolic of 110 from 1 week ago. In this case, the patient does have a history of hypertension and atenolol is warranted. The request IS medically necessary.

**Amlodipine 5mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre, Hypertension, Clinical management of primary hypertension in adults. London (UK): National Institute for Health and Clinical Excellence (NICE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com): Amlodipine.

**Decision rationale:** The patient was injured on 05/23/02 and presents with low back pain and leg pain numbness/weakness. The request is for AMLODIPINE 5 MG #60 WITH 1 REFILL. The utilization review denial rationale is that since the patient was scheduled for a follow up in 4 weeks, to review his blood pressure log, a refill would not appear warranted. The RFA is dated 04/27/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 10/01/14. According to [www.drugs.com](http://www.drugs.com), Amlodipine is in a group of drugs called calcium channel blockers. Amlodipine relaxes (widens) blood vessels and improves blood flow. Amlodipine is used to treat high blood pressure (hypertension) or chest pain (angina) and other conditions caused by coronary artery disease. This medication is for use in adults and children who are at least 6 years old. The patient is diagnosed with lumbar disc disease, status post discectomy, failed low back syndrome, left leg radiculopathy, left foot drop, history of hepatitis C, hypertension, hypothyroidism, S1 radiculopathy, left L5 radiculopathy, and hyperglycemia. The 03/19/15 report states that the patient's blood pressure is not better controlled with higher dose of amlodipine. The 04/27/15 report states that the patient has hypertension and hypothyroidism. He has had inconsistent hyperglycemia in the past. He has been checking his home blood pressure values and his logs show: 124-146/ 77-85. There is on systolic of 110 from 1 week ago. In this case, the patient does have a history of hypertension and amlodipine is warranted. The request IS medically necessary.

**Tramadol ER 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient was injured on 05/23/02 and presents with low back pain and leg pain numbness/weakness. The request is for TRAMADOL ER 200 MG #60 for baseline pain. The RFA is dated 04/27/15 and the patient's current work status is not provided. He has been taking this medication as early as 10/01/14. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 10/01/14 report states that the patient rates his pain as a 5-7/10 without medication and a 2-3/10 with medication. The 12/15/14 report indicates that the patient finds Tramadol to be quite helpful. His low back pain comes down to around 2-3/10 after taking Tramadol ER. The 01/12/15 report states that the patient is more functional after taking the pain medications and can tolerate longer walks and car drives easier. He can also do more chores. The 03/19/15 report states that the patient rates his pain as a 6-7/10 and he finds Tramadol helpful in managing his pain. His low back pain comes down to around 3/10 after taking Tramadol ER. He is able to get through his days chores on this regime. Without taking pain medications he has a very hard time getting out of bed and get going. He denies any side effects from Tramadol. The 04/27/15 report indicates that the patient rates his pain as a 5-7/10 without medications and a 3/10 with medications. The patient feels Tramadol does reduce his back and leg pain. He denies any side effects from Tramadol. In this case, all of the 4 As are addressed as required by MTUS Guidelines. There are before and after medication pain scales provided, examples of ADLs which demonstrate medication efficacy, and the patient does not have any side effects/aberrant behavior. However, there are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. There does not appear to be adequate opiate monitoring by the treater. Therefore, the requested Tramadol IS NOT medically necessary.