

Case Number:	CM15-0103726		
Date Assigned:	06/08/2015	Date of Injury:	04/03/2007
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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 58-year-old male, who sustained an industrial injury on 4/3/2007. He reported injury while working as a correctional officer. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic pain syndrome, carpal tunnel syndrome, thoracic pain, lumbosacral neuritis and lumbosacral spondylosis. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), lumbar corset, epidural steroid injection, 12 sessions of acupuncture in 2010 and medication management. In a progress note dated 5/11/2015, the injured worker complains of increased back pain and withdrawal symptoms from a medication taper. Pain was rated 6-7/10. Physical examination showed tenderness along the thoracic and lumbar paraspinal muscles. The treating physician is requesting 6 acupuncture treatments, Tramadol 50 mg #240, Tramadol ER 200 mg #120, Cymbalta 60 mg #240, Ambien PAK 10 mg #120 and Meloxicam 15 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Criteria use for Opioids; Opioids for neuropathic pain Page(s): 76-78, 88-89, 80-81.

Decision rationale: Based on the 12/02/14 progress report provided by treating physician, the patient presents with low back pain rated 3/10 and upper back pain rated 6-7/10. The request is for Tramadol 50mg quantity 240. Patient's diagnosis per RFA's dated 04/10/15 and 05/12/15 include chronic pain syndrome. Diagnosis on 12/02/14 included lumbosacral neuritis NOS, lumbosacral spondylosis, pain in thoracic spine and carpal tunnel syndrome. Physical examination to the lumbar spine on 12/02/14 revealed mild tenderness to palpation to paraspinal muscles. Mild decreased sensation to dermatomal distribution of S1 on the left. Positive straight leg raise test. Treatment to date included imaging and electrodiagnostic studies, lumbar epidural steroid injections, Acupuncture, TENS, home exercise program, and medications. Patient's medications include Tramadol, Cymbalta, Ambien and Meloxicam. Patient's work status not provided. Per AME report dated 09/21/11, examiner states "from [the patient's] description of the work, it would appear to me that even with his significant impairment he would be capable of his duties and does not require displaced worker benefits. " Treatment reports were provided from 09/21/11 - 05/11/15. MTUS Guidelines pages 88 and 89 states, "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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. "MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. "Tramadol has been included in patient's medications, per progress reports dated 12/02/14, 02/11/15, and 05/11/15. Per 05/11/15 report, treater states the patient "is getting relief of more than 50% with current medications allowing him to perform activities of daily living. The medications should be continued since he has chronic pain. " In this case, treater has addressed analgesia with numerical scales. However, stated functional benefits are general statements, which do not address significant improvement in patient's activities of daily living. MTUS states "function should include social, physical, psychological, daily and work activities. " There are no specific discussions regarding aberrant behavior, ADL's, adverse effects, etc. No UDS's, pain contract or CURES report. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Tramadol extended release 200mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria use for Opioids; Opioids for neuropathic pain, Tramadol Page(s): 76-78, 88- 89, 80-81, 113.

Decision rationale: Based on the 12/02/14 progress report provided by treating physician, the patient presents with low back pain rated 3/10 and upper back pain rated 6-7/10. The request is for Tramadol extended release 200mg quantity 120. Patient's diagnosis per RFA's dated 04/10/15 and 05/12/15 include chronic pain syndrome. Diagnosis on 12/02/14 included lumbosacral neuritis NOS, lumbosacral spondylosis, pain in thoracic spine and carpal tunnel syndrome. Physical examination to the lumbar spine on 12/02/14 revealed mild tenderness to palpation to paraspinal muscles. Mild decreased sensation to dermatomal distribution of S1 on the left. Positive straight leg raise test. Treatment to date included imaging and electrodiagnostic studies, lumbar epidural steroid injections, Acupuncture, TENS, home exercise program, and medications. Patient's medications include Tramadol, Cymbalta, Ambien and Meloxicam. Patient's work status not provided. Per AME report dated 09/21/11, examiner states "from [the patient's] description of the work, it would appear to me that even with his significant impairment he would be capable of his duties and does not require displaced worker benefits. " Treatment reports were provided from 09/21/11 - 05/11/15. MTUS Guidelines pages 88 and 89 states, "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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. "MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Pages 80,81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited. "Tramadol ER has been included in patient's medications, per progress reports dated 12/02/14, 02/11/15, and 05/11/15. Per 05/11/15 report, treater states the patient "is getting relief of more than 50% with current medications allowing him to perform activities of daily living. The medications should be continued since he has chronic pain. " In this case, treater has addressed analgesia with numerical scales. However, stated functional benefits are general statements, which do not address significant improvement in patient's activities of daily living. MTUS states "function should include social, physical, psychological, daily and work activities. " There are no specific discussions regarding aberrant behavior, ADL's, adverse effects, etc. No UDS's, pain contract or CURES report. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Cymbalta 60mg quantity 240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: Based on the 12/02/14 progress report provided by treating physician, the patient presents with low back pain rated 3/10 and upper back pain rated 6-7/10. The request is for Cymbalta 60mg quantity 240. Patient's diagnosis per RFA dated 05/12/15 includes chronic pain syndrome. Diagnosis on 12/02/14 included lumbosacral neuritis NOS, lumbosacral spondylosis, pain in thoracic spine and carpal tunnel syndrome. Physical examination to the lumbar spine on 12/02/14 revealed mild tenderness to palpation to paraspinal muscles. Mild decreased sensation to dermatomal distribution of S1 on the left. Positive straight leg raise test. Treatment to date included imaging and electrodiagnostic studies, lumbar epidural steroid injections, Acupuncture, TENS, home exercise program, and medications. Patient's medications include Tramadol, Cymbalta, Ambien and Meloxicam. Patient's work status not provided. Per AME report dated 09/21/11, examiner states "from [the patient's] description of the work, it would appear to me that even with his significant impairment he would be capable of his duties and does not require displaced worker benefits." Treatment reports were provided from 09/21/11- 05/11/15. Regarding Cymbalta, the MTUS guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. . . Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. "Cymbalta has been included in patient's medications, per progress reports dated 12/02/14, 02/11/15, and 05/11/15. Per 05/11/15 report, treater states the patient is "is getting relief of more than 50% with current medications allowing him to perform activities of daily living. The medications should be continued since he has chronic pain. I will also increase Cymbalta. " Given patient's diagnosis and documented benefit, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Ambien PAK 10mg quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 12/02/14 progress report provided by treating physician, the patient presents with low back pain rated 3/10 and upper back pain rated 6-7/10. The request is for ambien pak 10mg quantity 120. Patient's diagnosis per RFA's dated 04/10/15 and 05/12/15 include chronic pain syndrome. Diagnosis on 12/02/14 included lumbosacral neuritis NOS, lumbosacral spondylosis, pain in thoracic spine and carpal tunnel syndrome. Physical examination to the lumbar spine on 12/02/14 revealed mild tenderness to palpation to paraspinal muscles. Mild decreased sensation to dermatomal distribution of S1 on the left. Positive straight leg raise test. Treatment to date included imaging and electrodiagnostic studies, lumbar epidural steroid injections, Acupuncture, TENS, home exercise program, and medications. Patient's medications included Tramadol, Cymbalta, Ambien and Meloxicam. Patient's work status not provided. Per AME report dated 09/21/11, examiner states "from [the patient's] description of the work, it would appear to me that even with his significant

impairment he would be capable of his duties and does not require displaced worker benefits. " Treatment reports were provided from 09/21/11 - 05/11/15. ACOEM and MTUS Guidelines do not address Ambien. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short- acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)"Treater has not provided medical rationale for the request. Ambien has been included in patient's medications, per progress reports dated 12/02/14, 02/11/15, and 05/11/15. Per 05/11/15 report, treater states the patient is "is getting relief of more than 50% with current medications allowing him to perform activities of daily living. The medications should be continued since he has chronic pain. " Ambien has been prescribed at least since 12/02/14, which is more 5 months from UR date of 05/20/15. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Furthermore, the request for quantity 120 does not indicate intended short-term use of this medication. This request is not accordance with guidelines. Therefore, the request is not medically necessary.

Meloxicam 15mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 12/02/14 progress report provided by treating physician, the patient presents with low back pain rated 3/10 and upper back pain rated 6-7/10. The request is for Meloxicam 15mg quantity 120. Patient's diagnosis per RFA's dated 04/10/15 and 05/12/15 include chronic pain syndrome. Diagnosis on 12/02/14 included lumbosacral neuritis NOS, lumbosacral spondylosis, pain in thoracic spine and carpal tunnel syndrome. Physical examination to the lumbar spine on 12/02/14 revealed mild tenderness to palpation to paraspinal muscles. Mild decreased sensation to dermatomal distribution of S1 on the left. Positive straight leg raise test. Treatment to date included imaging and electrodiagnostic studies, lumbar epidural steroid injections, Acupuncture, TENS, home exercise program, and medications. Patient's medications included Tramadol, Cymbalta, Ambien and Meloxicam. Patient's work status not provided. Per AME report dated 09/21/11, examiner states "from [the patient's] description of the work, it would appear to me that even with his significant impairment he would be capable of his duties and does not require displaced worker benefits. " Treatment reports were provided from 09/21/11 - 05/11/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non- selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. "Meloxicam has been included in patient's medications, per progress reports dated 12/02/14, 02/11/15, and 05/11/15. Per 05/11/15 report, treater states the patient is "is getting relief of more than 50% with current medications allowing him to perform activities of daily living. The medications should be

continued since he has chronic pain. " MTUS support NSAIDs for chronic low back pain. Given patient's continued pain and documentation of functional improvement, the request for Meloxicam appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.