

<b>Case Number:</b>	CM15-0108968		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/25/2015
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 02/25/2015 resulting in rib fractures, fractured sternum and loss of consciousness. Treatment provided to date has included: acute care following the accident, medications, and conservative therapies/care. Diagnostic tests performed include: x-rays of the cervical spine (04/16/2015) showing decreased lordosis and mild to moderate osteopenic changes; x-rays of the sternum (04/16/2015) showing no displaced fracture, possible left xyphoid fracture not clearly evident; x-rays of both knees (04/16/2015) showing decreased medial collateral joint space. There were no noted comorbidities or other dates of injury noted. On 04/16/2015, physician progress report noted complaints of constant headaches associated with nausea, dizziness, blurred vision and loss of equilibrium with a pain rating of 8/10 (0-10); constant neck pain with radiating pain into the shoulders, arms, hands and fingers with associated numbness and tingling in the arms, hands and fingers, weakness of the upper extremities and hands, and a pain rating of 8/10 (0-10); constant chest pain that increases with deep breathing, pushing and pulling activities, and rated 8/10 (0-10); constant low back pain with radiating pain into the hips which is increased with sitting, walking, standing, forward bending, squatting, stooping, ascending/descending stairs, twisting, turning and forceful pushing and pulling, and rated as 3-4/10 (0-10) in severity; occasional right knee pain that increases with walking, standing, flexing/extending and ascending/descending stairs, and giving away/instability, popping, swelling and clicking with a pain severity rating of 4-5/10 (0-10); and occasional bilateral feet pain that radiates into the toes and associated with numbness, tingling, weakness in the ankles and swelling of the feet, increased with movement of the feet and toes and prolonged standing or walking, and rated

4-5/10 (0-10) in severity. Additional complaints included stress, difficulty sleeping and frequent abdominal pain with nausea. The injured worker denied shortness of breath and bowel or bladder issues. The physical exam revealed decreased range of motion (ROM) in the cervical spine, lumbar spine, bilateral wrist and bilateral knees, positive cervical and shoulder compression tests, positive Minor's sign, positive anterior drawer test on the right, positive patellofemoral grind test on the right, inability to heel-to-toe walk, abrasion to the right wrist, multiple abrasions to the bilateral knees, tenderness over the bilateral wrist, and tenderness to both knees. The provider noted diagnoses of sternum fracture, multiple rib fractures, acute cervical strain/sprain-rule out disc herniation, and right knee strain/sprain-rule out meniscal tear. Plan of care includes MRIs of the cervical and lumbar spines, and the right knee; discontinuation of unspecified narcotic medications and prescribe tramadol (Ultram) and Xanax for pain control and sleep difficulties, and follow-up. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Ultram and Xanax. Patient sustained the injury due to a MVA. The medication list includes Meloxicam and Oxycodone. Per note dated 3/3/15 patient was alert, oriented, and normal mood and affect and negative Waddell sign. Per the note dated 4/16/15 patient had no depression, anxiety, memory loss, or suicidal ideation.

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

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

**Ultram:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." (Kumar, 2003) Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Diagnostic tests performed include: x-rays of the cervical spine (04/16/2015) showing decreased lordosis and mild to moderate osteopenic changes; x-rays of the sternum (04/16/2015) showing possible left xiphoid fracture not clearly evident. On 04/16/2015, physician progress report noted complaints of constant headaches associated with nausea, dizziness, blurred vision and loss of equilibrium with a pain rating of 8/10 (0-10); constant neck pain with radiating pain into the upper

extremities with associated numbness and tingling in the arms, hands and fingers, weakness of the upper extremities and hands, and a pain rating of 8/10 (0-10); constant chest pain that increases with deep breathing, pushing and pulling activities, and rated 8/10 (0-10); constant low back pain with radiating pain into the hips. Additional complaints included stress, difficulty sleeping and frequent abdominal pain with nausea. The physical exam revealed decreased range of motion (ROM) in the cervical spine, lumbar spine, bilateral wrist and bilateral knees, positive cervical and shoulder compression tests, positive Minor's sign, positive anterior drawer test on the right, positive patellofemoral grind test on the right, inability to heel-to-toe walk, abrasion to the right wrist, multiple abrasions to the bilateral knees, tenderness over the bilateral wrist, and tenderness to both knees. The provider noted diagnoses of sternum fracture, multiple rib fractures, acute cervical strain/sprain-rule out disc herniation, and right knee strain/sprain-rule out meniscal tear. Patient is already taking a NSAID. The patient has chronic pain with significant objective findings and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultram is deemed as medically appropriate and necessary

**Xanax:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - Benzodiazepines page 24.

**Decision rationale:** Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Per note dated 3/3/15 patient was alert, oriented, and had a normal mood and affect. Per the note dated 4/16/15 patient had no depression, anxiety, memory loss, or suicidal ideation. A recent detailed psychological/psychiatric evaluation was not specified in the records provided. A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The duration, dose and amount of the Xanax is not specified in the request. The request for Xanax is not medically necessary or fully established in this patient, given the records submitted and the guidelines referenced.