

Case Number:	CM15-0017058		
Date Assigned:	02/03/2015	Date of Injury:	11/10/1981
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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 68 year old female who sustained a work related injury November 10, 1981. Past history included s/p lumbar fusion; s/p removal of hardware; s/p revision decompression L3-4 and posterior lumbar interbody fusion L3-4 July 31, 2008. According to a primary treating physician's report dated December 30, 2014, the injured worker presented with complaints of intermittent back pain. Her symptoms improve with medication and are worse with prolonged standing or walking. Treatment plan included continue with Ultram and Naproxen and new prescriptions for Ambien. Work status is documented as permanent and stationary. According to utilization review dated January 9, 2015, the retrospective request for Naproxen 500mg #30 DOS: 12/22/14 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The retrospective request for Tramadol HCL 50.0mg #120 DOS: 12/22/14 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids. The retrospective request for Zolpidem Tartrate 10.0mg #30 DOS: 12/22/14 is non-certified, citing ODG-TWC and Mosby's Drug Consult. The request for Naproxen 500mg #30 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Tramadol HCL 50.0mg #120 has been modified to Tramadol HCL 50.0 #60, citing MTUS Chronic Pain Medical Treatment Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg #30, dispensed on 12-22-14: Upheld

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

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

Decision rationale: The patient presents with complaints of intermittent back pain. The request is for retrospective NAPROXEN 500MG #30 DISPENSED ON 12/22/14 60. The RFA is not provided. Patient's diagnosis included s/p lumbar fusion; s/p removal of hardware; s/p revision decompression L3-4 and posterior lumbar interbody fusion L3-4 on 07/31/08. Patient is permanent and stationary. 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. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The prescription for Naproxen was dispensed on 12/22/14. In this case, the treater does not document how this medication has been effective in management of pain and function. Therefore, the request IS NOT medically necessary.

Tramadol HCl 50.0 mg #120, dispensed on 12-22-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 113.

Decision rationale: The patient presents with complaints of intermittent back pain. The request is for retrospective TRAMADOL HCL 50.0 MG #120 DISPENSED ON 12/22/14. The RFA is not provided. Patient's diagnosis included s/p lumbar fusion; s/p removal of hardware; s/p revision decompression L3-4 and posterior lumbar interbody fusion L3-4 on 07/31/08. Patient is permanent and stationary. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol 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. Tramadol was dispensed on 12/22/14. MTUS guidelines require appropriate discussion of the 4A's. In this case, there are no pain scales or

validated instruments that address analgesia, no discussions regarding baseline pain, functional assessment, adverse reactions, aberrant drug behavior, ADLs, UDS's, opioid pain agreement, or CURES reports. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Zolpidem tartrate 10.0 mg #30, dispensed on 12-22-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain procedure Summary last updated 12/31/2014, Zolpidem (Ambien) and Moby's Drug Consult, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Ambien/Zolpidem.

Decision rationale: The patient presents with complaints of intermittent back pain. The request is for retrospective NAPROXEN 500MG #30 DISPENSED ON 12/22/14 60. The RFA is not provided. Patient's diagnosis included s/p lumbar fusion; s/p removal of hardware; s/p revision decompression L3-4 and posterior lumbar interbody fusion L3-4 on 07/31/08. Patient is permanent and stationary. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Zolpidem was dispensed on 12/22/14. In regards to the request for Zolpidem, treater has exceeded the recommended therapeutic duration. The requested 30 Zolpidem exceeds guidelines which indicate a duration of 7-10 days for this medication. Furthermore, progress notes do not specifically discuss any sleep complaints. Therefore, the request IS NOT medically necessary.

Naproxen 500 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: The patient presents with complaints of intermittent back pain. The request is for prospective NAPROXEN 500MG #30. The RFA is not provided. Patient's diagnosis included s/p lumbar fusion; s/p removal of hardware; s/p revision decompression L3-4 and posterior lumbar interbody fusion L3-4 on 07/31/08. Patient is permanent and stationary. 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. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when

medications are used for chronic pain. The prescription for Naproxen was dispensed on 12/22/14. In this case, the treater does not document how this medication has been effective in management of pain and function. Therefore, the request IS NOT medically necessary.