

Case Number:	CM15-0017832		
Date Assigned:	02/05/2015	Date of Injury:	04/08/1999
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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 59 year old male, who sustained an industrial injury on April 8, 1999. He has reported constant neck and low back pain, insomnia, depression and headaches. The diagnoses have included degeneration of cervical intervertebral disc and degeneration of lumbar or lumbosacral intervertebral disc, cervical, thoracic and lumbar sprain/strain with myofascial pain residual, lumbar degenerative disc disease, facet arthrosis and thoracic strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies and pain medications. Currently, the IW complains of constant neck and low back pain. The injured worker reported an industrial injury in 1999, resulting in constant, chronic low back and neck pain. It was noted pain medications were prescribed to keep the injured worker functional. On January 3, 2014, evaluation revealed continued pain with associated sexual dysfunction, depression and insomnia. The pain continued. On January 20, 2015, Utilization Review non-certified a request for Tramadol, Norco, Lidoderm patches, Ibuprofen and Rantitine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 28, 2015, the injured worker submitted an application for IMR for review of requested Tramadol, Norco, Lidoderm patches, Ibuprofen and Rantitine.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Tramadol ER 300mg tabs; #30 1 tab qhs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online-epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck and back pain. The treater is requesting Tramadol ER 300 tabs #30, 1 tab q.h.s. The RFA dated 01/05/2015 shows a request for Tramadol ER 300 mg, quantity #30. The patient's date of injury is from 04/08/1999 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief The records show that the patient was prescribed tramadol on 01/03/2014. The 12/30/2014 progress report notes that the patient's current pain level is at 10/10 without medications and 4/10 with medications. He states that with medication use, there is a 50% reduction in pain and 50% functional improvement with activities of daily living. While the patient reports significant benefit with Tramadol use, none of the reports discuss specific activities of daily living. No side effects were reported, and no discussions about aberrant drug-seeking behavior such as a urine drug screen or CURES report were noted. The patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Norco, 10/325mg tabs 1 tab po q4h: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online-epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with neck and back pain. The treater is requesting Norco 10/325 mg tab, one tab p.o. q.4 h. The RFA dated 01/05/2015 shows a request for Norco 10/325 mg, quantity 120. The patient's date of injury is from 04/08/1999 and his current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day The records show that the patient was prescribed Norco on 01/03/2014. The 12/30/2014 report notes that the patient's pain level without medication is 10/10 and for 4/10 with medications. He states that pain medications reduced his pain by 50% and increases his functional improvement by 50%. None of the reports document side effects and specifics regarding ADLs. There are no discussions about aberrant drug-seeking behavior such as urine drug screen or CURES report. The patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Lidoderm patch 5% #30 2 patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online-epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, Topical analgesic Page(s): 56-57, 111-113.

Decision rationale: This patient presents with neck and back pain. The treater is requesting Lidoderm patch 5%, quantity 30, 2 patches. The RFA dated 01/05/2015 shows a request for Lidoderm patch 5%, quantity 30. The patient's date of injury is from 04/08/1999 and his current work status was not made available. The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy -tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica-." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches prior to 12/30/2014. The treater is prescribing this medication for daily neuropathic pain. The examination from the 12/30/2014 report shows limited range of motion in all planes of the neck and back. There is exquisite tenderness over the cervical, thoracic, and lumbar paraspinal musculature with a positive jump sign. Motor strength, sensation and deep

tendon reflexes are grossly intact. In this case, the patient does not present with localized peripheral neuropathic pain and the current request for Lidoderm IS NOT medically necessary.

Ibuprofen 800mg tabs; #90 1 tab po tid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online-epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

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

Decision rationale: This patient presents with neck and back pain. The treater is requesting Ibuprofen 800 mg tabs #90, 1 tab p.o. t.i.d. The RFA dated 01/05/2015 shows a request for ibuprofen 800 mg, quantity 90. The patient's date of injury is from 04/08/1999 and his current work status was not made available. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain The records show that the patient was prescribed ibuprofen on 01/03/2014. The 12/30/2014 report notes that the patient's pain level is reduced by 50% with pain medication and increases his functional capacity by 50%. His pain level without medication is 10/10 and 4/10 with medications. In this case, the treater has noted medication efficacy and the continued use of ibuprofen is supported by the MTUS Guidelines. The request IS medically necessary.

Rantitine, 150mg tab; 1 tab po bid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online-epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with neck and back pain. The treater is requesting Ranitidine 150 mg tab, 1 tab p.o. b.i.d. The RFA dated 01/05/2015 shows a request for ranitidine 150 mg, quantity 60. The patient's date of injury is from 04/08/1999 and his current work status

was not made available. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed ranitidine on 01/03/2014. None of the medical records document gastrointestinal events or issues. In this case, the MTUS Guidelines do not support the routine use of PPIs without documentation of gastrointestinal events. The request IS NOT medically necessary.