

Case Number:	CM15-0147382		
Date Assigned:	08/10/2015	Date of Injury:	01/11/2010
Decision Date:	09/11/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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 64 year old male, who sustained an industrial injury on 1-11-10. Initial complaints were of a fall injury landing in sitting position with pain in the testicles and low back. The injured worker was diagnosed as having lumbar disc degeneration; chronic pain; lumbar disc displacement; lumbar facet arthropathy; lumbar strain-sprain; headaches; anxiety; depression; diabetes mellitus; peripheral neuropathy; left testicular pain. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG/NCV study lower extremities (3-4-10); MRI lumbar spine (3-1-10). Currently, the PR-2 notes dated 5-26-15 indicated the injured worker presents for pain medicine consultation and initial examination on this visit. He complains of thoracic pain that occurs frequently and denies any radiation of pain. He reports it is accompanied by numbness frequently, aching, throbbing and severe. It is aggravated by flexion, extension, activity, bending, standing, turning and twisting. He reports moderate difficulty sleeping. He reports low back pain that is constant and radiates down the left lower extremity. It is accompanied by numbness constantly in the left lower extremity to the level of the hip to the level of the foot and toes. He describes this pain as throbbing, severe and aggravated by activity, bending, prolonged sitting, standing, turning, twisting, and lifting. He reports moderate difficulty sleeping and there is a presence of bladder dysfunction with frequent urination. He reports a pulling sensation in the left testicle area where the pain is severe. He rates the pain as 7 out of 10 with medications and 9 over 10 without medications. He reports the pain is recently worsened but improved with medications. On physical examination of the lumbar spine, the provider documents tenderness noted upon palpation in the spinal vertebral area of L4-S1 levels. The pain was significantly increased with flexion and extension. Facet signs were

present in the lumbar spine bilaterally. Motor exam is within normal limits in the bilateral lower extremities. Straight leg raise with the injured worker in the seated position was positive bilaterally at 45 degrees. The EMG/NCV study of the bilateral lower extremities dated 3-4-10 was documented by the provider revealing no electrodiagnostic evidence of lumbar radiculopathy bilaterally. Needle EMG demonstrated no acute or chronic denervation but axonal polyneuropathy. The NCS revealed peroneal motor potential to be borderline or reduced in amplitude, peroneal velocity was mildly slowed, F-waves borderline or mildly prolonged, sensory potential absent or delayed in latency and borderline in amplitude. On exam, patellar reflexes were hyperactive and Achilles' reflexes were absent bilaterally. Sensation was decreased distally to pinprick and vibration in both lower extremities. Taken together, these findings indicate an axonal polyneuropathy as seen in diabetes mellitus and many other acquired and inherited conditions. A MRI of the lumbar spine is dated 3-1-10 is documented by the provider with multiple level degenerative disc disease (at L1-S1) and facet disease (at L2-S1) with multilevel neural foraminal stenosis (at L3-S1) There is no spinal canal stenosis noted. There is evidence of annular tear at L2-3, L3-4 and L4-5. A small central and right paracentral disc extrusion at L1-2 is noted. The provider is requesting authorization of Mobic 7.5mg quantity 30; Tramadol 50mg quantity 90 and Tylenol 500mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 05/26/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left lower extremity. The request is for MOBIC 7.5MG QUANTITY 30. Patient's diagnosis per Request for Authorization form dated 05/29/15 includes lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, and lumbar strain. Physical examination to the lumbar spine on 05/26/15 revealed tenderness to palpation to L4-S1 levels. The pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine bilaterally. Straight leg raise test positive bilaterally at 45 degrees. Treatment to date has included physical therapy, imaging and electrodiagnostic studies, and medications. Patient's medications include Mobic, Tramadol, Tylenol, and Zantac. The patient is temporarily totally disabled, per 05/26/15 report and not working. Regarding NSAIDs, MTUS page 22 state "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. Mobic has been included in patient's medications, per progress reports dated 03/20/15 and 05/26/15. It is not known when this medication was initiated. Per 05/26/15 report, treater states "the patient's pain is reported as recently worsened. Pain is improved with taking medications." Treater states pain is rated 7/10 with and 9/10 without medications. MTUS supports NSAIDs for chronic low back pain. Given patient's continued pain and documentation of functional improvement, the request for Mobic appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Tramadol 50mg quantity 90: Upheld

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

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, 80, 81, 113.

Decision rationale: Based on the 05/26/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left lower extremity, rated 7/10 with and 9/10 without medications. The request is for TRAMADOL 50MG QUANTITY 90. Patient's diagnosis per Request for Authorization form dated 05/29/15 includes lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, and lumbar strain. Physical examination to the lumbar spine on 05/26/15 revealed tenderness to palpation to L4-S1 levels. The pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine bilaterally. Straight leg raise test positive bilaterally at 45 degrees. Treatment to date has included physical therapy, imaging and electrodiagnostic studies, and medications. Patient's medications include Mobic, Tramadol, Tylenol, and Zantac. The patient is temporarily totally disabled, per 05/26/15 report and not working. 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." 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." 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. Tramadol has been included in patient's medications, per progress reports dated 03/20/15 and 05/26/15. It is not known when this medication was initiated. In this case, treater has addressed analgesia, but has not discussed how Tramadol significantly improves patient's activities of daily living. MTUS states that "function

should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. 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.

Tylenol 500mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: Based on the 05/26/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left lower extremity. The request is for **TYLENOL 500MG QUANTITY 60**. Patient's diagnosis per Request for Authorization form dated 05/29/15 includes lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, and lumbar strain. Physical examination to the lumbar spine on 05/26/15 revealed tenderness to palpation to L4-S1 levels. The pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine bilaterally. Straight leg raise test positive bilaterally at 45 degrees. Treatment to date has included physical therapy, imaging and electrodiagnostic studies, and medications. Patient's medications include Mobic, Tramadol, Tylenol, and Zantac. The patient is temporarily totally disabled, per 05/26/15 report and not working. Regarding NSAIDs, MTUS page 22 state "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. Tylenol has been included in patient's medications, per progress reports dated 03/20/15 and 05/26/15. It is not known when this medication was initiated. Per 05/26/15 report, treater states "the patient's pain is reported as recently worsened. Pain is improved with taking medications." Treater states pain is rated 7/10 with and 9/10 without medications. MTUS supports 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.