

Case Number:	CM15-0149075		
Date Assigned:	08/12/2015	Date of Injury:	03/12/2003
Decision Date:	09/15/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/31/2015

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 61-year-old male who sustained an industrial injury on 3/12/2003. He was drilling in concrete, pushing, pulling, and prying. He also reports falling and caught his right hand between two pieces of rebar. He has reported back pain and has been diagnosed with status post lumbar fusion L5-S1, disc herniation with spondylosis and stenosis L3-4, and L4-5 facet changes with foraminal stenosis. Treatment has included chiropractic care, physical therapy, medications, surgery, and injection. Progress report dated 7-7-2015 noted he is trying to do a bit more. He has cut down on his medication a bit. The treatment plan included medications. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS; Tramadol Page(s): 60, 61, 76- 78, 88, 89, 113.

Decision rationale: Based on the AME report dated 11/03/14 provided by treating physician, the patient presents with pain to the cervical spine, lumbar spine and right elbow. The patient is status post cervical spine disc replacement in April 2007, lumbar fusion 2007 and right extensor release with decompression 2009 and 2010. Per 06/16/15 report, the patient continues to experience ongoing pain, anxiety, depression, irritability and insomnia. The request is for TRAMADOL 50MG #90. Patient's diagnosis per Request for Authorization form dated 06/16/15 includes major depression. The patient's diagnosis has also included disc herniation with spondylosis and stenosis L3-4, and L4-5 facet changes with foraminal stenosis. Treatment to date has included surgery, chiropractic, physical therapy, injection, and medications. Patient's medications include Tramadol, Lorazepam, Omeprazole, and Wellbutrin. The patient is disabled, per 06/16/15 report, and has been permanent and stationary since 2008, per 11/03/14 AME report. 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. Tramadol (Ultram) has been included in patient's medications, per progress reports dated 11/04/14, 03/24/15, and 07/07/15. It is not known when this medication was initiated. Per 06/16/15 report, treater states "tramadol 50 mg, once or twice per day for the pain. . . The patient will continue to be provided with psychiatric treatment in the form of psychopharmacotherapy." In this case, treater has not stated how Tramadol (Ultram) reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. 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. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Lorazepam 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Based on the AME report dated 11/03/14 provided by treating physician, the patient presents with pain to the cervical spine, lumbar spine and right elbow. The patient is status post cervical spine disc replacement in April 2007, lumbar fusion 2007 and right extensor release with decompression 2009 and 2010. Per 06/16/15 report, the patient continues to experience ongoing pain, anxiety, depression, irritability and insomnia. The request is for LORAZEPAM 1MG #60. Patient's diagnosis per Request for Authorization form dated 06/16/15 includes major depression. The patient's diagnosis has also included disc herniation with spondylosis and stenosis L3-4, and L4-5 facet changes with foraminal stenosis. Treatment to date has included surgery, chiropractic, physical therapy, injection, and medications. Patient's medications include Tramadol, Lorazepam, Omeprazole, and Wellbutrin. The patient is disabled, per 06/16/15 report, and has been permanent and stationary since 2008, per 11/03/14 AME report. MTUS Guidelines page 24 states, "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." Lorazepam (Ativan) has been included in patient's medications, per progress reports dated 11/04/14, 03/24/15, and 07/07/15. Per 06/16/15 report, treater states "Ativan 1mg as needed. . . The patient will continue to be provided with psychiatric treatment in the form of psychopharmacotherapy." In this case, treater has not documented efficacy of this medication. Additionally, benzodiazepines run the risk of dependence and difficulty of weaning, according to MTUS Guidelines; and are not recommended for long-term use. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic.

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

Decision rationale: Based on the AME report dated 11/03/14 provided by treating physician, the patient presents with pain to the cervical spine, lumbar spine and right elbow. The patient is status post cervical spine disc replacement in April 2007, lumbar fusion 2007 and right extensor release with decompression 2009 and 2010. Per 06/16/15 report, the patient continues to experience ongoing pain, anxiety, depression, irritability and insomnia. The request is for OMEPRAZOLE 20MG #60. Patient's diagnosis per Request for Authorization form dated 06/16/15 includes major depression. The patient's diagnosis has also included disc herniation with spondylosis and stenosis L3-4, and L4-5 facet changes with foraminal stenosis. Treatment to date has included surgery, chiropractic, physical therapy, injection, and medications. Patient's medications include Tramadol, Lorazepam, Omeprazole, and Wellbutrin. The patient is disabled, per 06/16/15 report, and has been permanent and stationary since 2008, per 11/03/14 AME report. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole (Prilosec) has been included in patient's medications, per progress reports dated 11/04/14, 01/20/15, and 07/07/15. It is not known when this medication has been initiated. Per 06/16/15 report, treater states "Prilosec 20-40 mg per day for GI upset. . . The patient will continue to be provided with psychiatric

treatment in the form of psychopharmacotherapy." Prophylactic use of PPI is indicated by MTUS. However, there are no NSAID's included in patient's medications. Furthermore, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. In addition, the patient has been on this medication for at least 8 months from UR date of 07/27/15, and treater has not discussed how it is being used on daily basis and with what specific effect, and why patient needs to continue. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.