

Case Number:	CM15-0162785		
Date Assigned:	08/31/2015	Date of Injury:	08/17/2006
Decision Date:	10/07/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 54-year-old female, with a reported date of injury of 08-17-2006. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include disc herniation L5-S1, disc bulge L4-5, disc protrusion L5-S1, and left shoulder calcification tendinitis. Treatments and evaluation to date have included oral medications, and cortisone injection to the left shoulder. According to the medical report dated 07-08-2015, the diagnostic studies to date have included an MRI of the lumbar spine on 02-26-2007 which showed disc herniation at L5-S1; an MRI of the lumbar spine on 02-26-2007 which showed disc bulge at L4-5; an MRI of the lumbar spine on 07-22-2008 which showed a 3.5mm disc protrusion at L5-S1; and an MRI of the lumbar spine on 03-31-2009 which showed a 4mm disc protrusion at L5-S1. The progress report dated 07-08-2015 indicates that the injured worker took Orphenadrine, Tramadol, and Zolpidem as needed. It was noted that since the last visit, the injured worker had not seen any other doctor regarding the injury, and had not any testing performed. She had constant low back pain with radiation down the right leg off and on, depending on activity. The injured worker also had increased left shoulder pain with limited range of motion. The objective findings include positive crank testing of the left shoulder. The treatment plan included a prescription for Orphenadrine 100mg #60, one tablet twice a day; Zolpidem 10mg #30, one tablet at bedtime; Tramadol 50mg #200, one or two tablets four times a day as needed for pain; chiropractic therapy two times a week for 8 sessions; and an H-wave unit. It was noted that the injured worker was working. The injured worker was considered permanent and stationary. The

treating physician requested Tramadol 50mg #200, Orphenadrine (Norflex) 100mg #60, Zolpidem (Ambien) 10 mg #30, H-wave (indefinite use), and 16 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. Tramadol may also produce life-threatening serotonin syndrome. There is no documentation that the injured worker is taking SSRIs, TCAs, or other opioids. The injured worker has been taking Tramadol since at least 01-06-2015. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Specific functional goals, random drug testing, and opioid contract were not discussed. However, there is documentation that the injured worker was working. According to the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The injured worker complained of constant low back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. Therefore, the request for Tramadol is not medically necessary.

Orphenadrine (Norflex) 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine (Norflex) is an antispasmodic muscle relaxant. The injured worker was noted to have been prescribed Orphenadrine since at least 01-06-2015 without any documentation of objective, measurable improvement in pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Orphenadrine (Norflex) 100mg #60.

Zolpidem (Ambien) 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Insomnia.

Decision rationale: The CA MTUS Guidelines is silent on Ambien. The Non-MTUS Official Disability Guidelines indicate that "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." According to the guidelines, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the injured worker has chronic pain, records are not clear disturbance and the submitted documentation does not indicate that Ambien has helped this injured worker. The injured worker has been taking Zolpidem since at least 01-06-2015. The request exceeds guideline recommendations. Therefore, the request for Zolpidem is not medically necessary.

H-wave (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that electrotherapy is the therapeutic use of electricity and is another mode that can be used in the treatment of pain. H-wave stimulation is not recommended as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered a non-invasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used in addition to a program of evidence-based functional restoration, and only following the failure of initially recommended conservative care. There was no documentation that the injured worker had failed initial conservative care. The guidelines state that a recent retrospective study suggested that the effectiveness of the H-wave device, the patient selection criteria included a physician-documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy. The injured worker has been having constant low back pain with occasional radiation to the right leg. The MTUS states, "In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time." The site of use for the device is not included, and the request is for indefinite use. The request does not meet guideline recommendations. Therefore, the Requested Treatment: H-wave (indefinite use) is not medically necessary.

16 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--(Chronic): Manipulation.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for chronic pain if it's caused by musculoskeletal conditions. "The intended goal or effect of manual medicine is the achievement of positive symptomatic gains or objective measurable gains in functional improvement." Manual therapy and manipulation for the low back is recommended as an option. The location for treatment was not specified by the treating physician. The injured worker has complaints of low back pain with radiation to the right leg and left shoulder pain. The treatment parameters from the state guidelines include: time to produce effect is 4 to 6 treatments; the frequency is 1 to 2 times a week for the first 2 weeks, depending on the severity of the condition; treatment may continue at 1 treatment a week for the

next 6 weeks; and the maximum duration is 8 weeks, and at week 8, the patients should be re-evaluated. The treating physician prescribed chiropractic therapy two times a week for 8 sessions, for a total of 16 sessions. The request far exceeds guideline recommendations. Medical Records also do not clarify; prior chiropractic treatments, if any, have been effective in this injured worker for maintaining any functional improvement. Therefore, the request for 16 chiropractic treatments is not medically necessary.