

Case Number:	CM15-0163646		
Date Assigned:	08/31/2015	Date of Injury:	08/16/2006
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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 51 year old male who sustained an industrial injury on 8-16-06. His injuries were sustained as a result of falling down a flight of stairs. He fell onto his left shoulder, upper back region, and "reinjured his right knee". He reported that his back began "hurting" one to two hours later. He sought medical attention the following day due to unresolved pain. He was treated with Vicodin and "other medications" and referred to another provider. He reported that his back pain "steadily worsened" and described radiation down the right leg to the knee. He also reported "occasional aching and stiffness" of the right knee. He received physical therapy, which he indicated "aggravated" the condition. A progress note, dated 11-3-14, indicates diagnoses as lumbar disc displacement, sciatica, sacroiliitis, left leg joint pain, osteoarthritis, patella chondromalacia. At that time, he was noted to be taking Gabapentin, Nexium, Opana, Tramadol, and Flexeril. The treatment recommendation stated to continue Tramadol, Norco, Gabapentin, Omeprazole, Opana, and Flexeril, as well as request authorization for Chiropractic manipulation. On 3-31-15, the progress record indicates that the injured worker was "supposed to be scheduled for the right knee Synvisc injection", but indicated that it was not completed. The treatment plan was to schedule the Synvisc injection and continue Tramadol, Norco, Gabapentin, Nexium, and Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90 (per 7/20/15 order): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 51 year old patient complains of lower back pain and right knee pain, rated at 4-5/10, as per progress report dated 07/20/15. The request is for Tramadol 50mg, #90 (per 7/20/15 order). There is no RFA for this case, and the patient's date of injury is 08/16/08. Diagnoses, as per progress report dated 06/16/15, included lumbosacral disc displacement, sciatica, sacroiliitis, left leg joint pain, osteoarthritis, and patella chondromalacia. As per this report, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10. Medications, as per progress report dated 07/20/15, included Tramadol, Opana, Gabapentin and Flexeril. The patient is retired, as per the same progress report. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding 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. In this case, a prescription for Tramadol is first noted in progress report dated 03/12/12. It is not clear when the medication was initiated and if the patient has been taking it consistently or not. In progress report dated 06/16/15, the treater is requesting for Tramadol "for pain that is 2-5/10 VAS". The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. In fact, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10, as per progress report dated 06/16/15, indicating that the medications may not be helping the patient. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Tramadol as well. MTUS requires a clear documentation regarding impact of Tramadol on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.

Opana ER 5mg, #60 (per 7/20/15 order): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 51 year old patient complains of lower back pain and right knee pain, rated at 4-5/10, as per progress report dated 07/20/15. The request is for Opana 5mg, #60 (per 7/20/15 order). There is no RFA for this case, and the patient's date of injury is 08/16/08. Diagnoses, as per progress report dated 06/16/15, included lumbosacral disc displacement, sciatica, sacroiliitis, left leg joint pain, osteoarthritis, and patella chondromalacia. As per this report, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10. Medications, as per progress report dated 07/20/15, included Tramadol, Opana, Gabapentin and Flexeril. The patient is retired, as per the same progress report. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Opana is first noted in progress report dated 03/12/12. It is not clear when the medication was initiated and if the patient has been taking it consistently or not. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. In fact, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10, as per progress report dated 06/16/15, indicating that the medications may not be helping the patient. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Opana as well. MTUS requires a clear documentation regarding impact of Opana on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.

Gabapentin 600mg, #90 (per 7/20/15 order): 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): Antiepilepsy drugs (AEDs).

Decision rationale: The 51 year old patient complains of lower back pain and right knee pain, rated at 4-5/10, as per progress report dated 07/20/15. The request is for Gabapentin 600mg, #90 (per 7/20/15 order). There is no RFA for this case, and the patient's date of injury is 08/16/08. Diagnoses, as per progress report dated 06/16/15, included lumbosacral disc displacement, sciatica, sacroiliitis, left leg joint pain, osteoarthritis, and patella chondromalacia. As per this report, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10. Medications, as per progress report dated 07/20/15, included Tramadol, Opana, Gabapentin and Flexeril. The patient is retired, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009 has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin is first noted in progress report dated 03/12/12. It is not clear when the medication was initiated and if the patient has been taking it consistently or not. There is no documentation of efficacy in terms of reduction in pain and improvement in function. In fact, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10, as per progress report dated 06/16/15, indicating that the medications may not be helping the patient. Additionally, there is no documentation of neuropathic pain for which Gabapentin is recommended. Hence, the request is not medically necessary.

Flexeril 10mg, #30 (per 7/20/15 order): 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 51 year old patient complains of lower back pain and right knee pain, rated at 4-5/10, as per progress report dated 07/20/15. The request is for Flexeril 10mg, #30 (per 7/20/15 order). There is no RFA for this case, and the patient's date of injury is 08/16/08. Diagnoses, as per progress report dated 06/16/15, included lumbosacral disc displacement, sciatica, sacroiliitis, left leg joint pain, osteoarthritis, and patella chondromalacia. As per this report, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10. Medications, as per progress report dated 07/20/15, included Tramadol, Opana, Gabapentin and Flexeril. The patient is retired, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Flexeril is first noted in progress

report dated 10/31/12. It is not clear when the medication was initiated and if the patient has been taking it consistently or not. There is no documentation of efficacy in terms of reduction in pain and improvement in function. In fact, the patient had a flare-up with his radicular lumbosacral pain increasing from 5-6/10 to 8-9/10, as per progress report dated 06/16/15, indicating that the medications may not be helping the patient. Additionally, MTUS does not support long-term use of Flexeril beyond a 2 to 3 week period. Hence, the request is not medically necessary.