

Case Number:	CM15-0166480		
Date Assigned:	09/04/2015	Date of Injury:	02/04/2011
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Anesthesiology

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 62-year-old female, with a reported date of injury of 02-04-2011. The mechanism of injury was the result of stumbling down a few steps, landing on her hands and knees. The injured worker's symptoms at the time of the injury included immediate discomfort in her hands and knees. The diagnoses include lumbar radiculopathy at L5-S1 secondary to herniate lumbar disc at L3-4, L4-5, and L5-S1; bilateral knee strain and sprain, bilateral Myxoid degenerative joint disease, and bilateral partial ACL (anterior cruciate ligament) tear; bilateral shoulder tendinitis impingement; bilateral carpal tunnel syndrome; anxiety and depression; insomnia; and gastritis, NSAID (non-steroidal anti-inflammatory drug) related. Treatments and evaluation to date have included oral medications and topical pain medications. The diagnostic studies to date have included an MRI of the lumbosacral spine on 02-03-2012 which showed loss of intervertebral height and disc desiccation changes at the L3-4, L4-5, and L5-S1 levels, disc protrusions with posterior and right paracentral annular tear, and mild to moderate right greater than left lateral spinal and neural foraminal stenosis; and an x-ray of the lumbar spine on 12-28-2011 which showed minimal discogenic spondylosis throughout the lumbar spine. According to the medical report dated 02-05-2015, the injured worker underwent an MRI of the right knee on 03-25-2011 which showed full-thickness defect of the lateral tibial plateau articular cartilage with mild subchondral swelling seen involving the lateral tibial plateau, swelling within the Hoffa's fat pad anteromedially most likely related to prior trauma, and small knee effusion; and x-rays of the lumbosacral spine, pelvis, and bilateral knees. The progress report dated 07-20-2015 indicates that the injured worker complained of pain in the bilateral knees, cervical spine, and lumbar spine. It was noted that her pain level was about the same, and she described

the pain as sharp, stabbing, and burning in nature. The injured worker also complained of symptoms of gastritis, difficulty sleeping, headaches, numbness, tingling, and symptoms of anxiety and depression. An examination of the lumbar spine showed flexion at 50 degrees; extension at 20 degrees; bending at 30 degrees to the right and left; positive straight leg raise test at 75 degrees bilaterally, showing pain at the L5-S1 dermatome distribution; hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-S1 dermatome distribution; weakness in the big toe dorsiflexor and big toe plantar flexor, bilaterally. An examination of the right and left knees showed restricted and painful range of motion; positive McMurray's test; positive medial joint line tenderness; stable knees; and positive chondromalacia patella compression test. The treatment plan included the refill of medications including Prilosec (Omeprazole) for stomach acid, Ultram (Tramadol) for pain, Ambien, and Lidoderm patches. It was noted that the injured worker had previously been declared permanent and stationary. The treating physician requested Omeprazole 20mg #30, with three refills; Tramadol 50mg #60, with three refills; Lidoderm patches #60, with three refills; and Ambien 10mg #30, with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30, with three refills, one capsule every morning: 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: This injured worker has been taking Ibuprofen, a non-steroidal anti-inflammatory medication (NSAID), and Omeprazole, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Omeprazole since at least 09-03-2014. She has been diagnosed with gastritis, which was NSAID related. The treating physician prescribed Omeprazole for stomach acid. The injured worker has been taking the medication longer than what is recommended by the guidelines. Therefore, the request for Omeprazole with three refills is not medically necessary.

Tramadol 50 mg #60 with three refills, one twice daily: 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. Currently, the injured worker was not taking SSRIs, TCAs, or other opioids. There was documentation that the injured worker took Norco in the past. The injured worker has been taking Tramadol since at least 09-03-2014. 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 documentation did not include these items as recommended by the guidelines. 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. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Specific functional goals, random drug testing, and opioid contract were not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. Return to work was not documented, and although medications as a group were noted to allow activities of daily living, 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.

Lidoderm patches #60 with three refills, one patch twelve hours on and twelve hours off:
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): Topical Analgesics, Lidoderm (lidocaine patch).

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, it was noted that all conservative treatment had failed, such as exercises, physical methods, NSAIDs, and muscle relaxants. The injured worker described her pain as burning in nature, however, the request does not meet guideline recommendations. Medical necessity of the requested medication has not been established. The request for Lidoderm patches with three refills is not medically necessary.

Ambien 10 mg #30 with three refills: Upheld

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

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, Zolpidem (Ambien).

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 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 injured worker has been diagnosed with insomnia and has been taking Ambien since at least 02-04-2015. The request does not meet guideline recommendations. The request for Ambien is not medically necessary.