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| Case Number: | CM15-0168009 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 01/11/2010 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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, Pain Management

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 January 11, 2010. The injured worker is undergoing treatment for lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar strain-sprain headache and peripheral neuropathy. Medical records dated June 23, 2015 indicate the injured worker complains of neck pain radiating down the upper extremities and back pain radiating down the legs with numbness. The pain is rated 6 out of 10 with medication and 8 out of 10 without medication and unchanged from previous visit. He reports the pain causes difficulty sleeping. The record indicates limitation of activities of daily living (ADL) in self-care, hygiene, activity, ambulation and sleep. Physical exam notes a slow gait and lumbar tenderness to palpation and positive bilateral straight leg raise. Treatment to date has included electromyogram and nerve conduction study on March 4, 2010 with findings "as seen in diabetes" and lumbar magnetic resonance imaging (MRI) on March 1, 2010 revealing stenosis, disc extrusion and degenerative disc disease (DDD). He has been prescribed Tramadol, Mobic, Zantac and opioid medication previously. The original utilization review (8-24-2015) found Mobic 7.5mg #30, Tramadol 50mg #90, Tylenol 500mg #60 and Zantac 150mg #30 non-certified and additional acupuncture X4 certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30: 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 rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that this medication is providing any specific any objective functional improvement. Given this, the current request is not medically necessary.

Tramadol 50mg #90: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Tylenol 500mg #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): Acetaminophen.

Decision rationale: Regarding the request for acetaminophen, Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) state on page 12:

"Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." This is a first line analgesic and is appropriate for short-term use. However, this medication does not appear to be for short term use, and there is no documentation of functional benefit with this medication. Acetaminophen needs to be monitored more closely for efficacy and side effects including elevation of liver transaminases which has not been completed. Therefore, the continued use of this medication is not medically necessary.

Zantac 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monography.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for ranitidine (Zantac), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. To determine if the patient is at risk for gastrointestinal events, the following criteria is used: (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). Although the referenced guidelines specify identifying these GI risk factors in the context of usage of PPI and misoprostol, the usage of these guidelines can be extrapolated to H2 receptor antagonists given the overlapping indications of this class of medication for gastritis, dyspepsia, and gastrointestinal ulcers. Within the medical records available for review, there is no recent documentation that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues and in the absence of documentation, the currently requested ranitidine 150mg is not medically necessary.