

Case Number:	CM15-0168211		
Date Assigned:	09/08/2015	Date of Injury:	06/10/2010
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old female, with a reported date of injury of 06-10-2010. The diagnoses include lumbosacral sprain and strain, lumbar disc with radiculopathy, low back pain, and lumbar intervertebral disc syndrome. Treatments and evaluation to date have included oral medications. The progress report dated 07-22-2015 indicates that the injured worker's symptoms were "chronic in nature". She had constant low back pain with radiation down both legs to the calf level, more on the right, which was rated 3-9 out of 10 (06-19-2015 to 07-22-2015). According to the medical records dated 06-19-2015 and 07-22-2015, the injured worker could only walk for approximately up to 30 minutes before the low back pain became unbearable. The objective findings (06-19-2015 to 07-22-2015) included lumbar compression fracture on L4; multilevel degenerative joint disease on MRI and CT scans; hypomobile subluxations at T11 and L4; tenderness to palpation of the lumbar paraspinals and quadratus lumborum; limited lumbar range of motion; positive bilateral Kemp's test; and positive bilateral straight leg raise at 50 degrees. There was documentation that an MRI of the lumbar spine on 07-14-2010 showed multi-level lumbar disc disease with moderate central canal stenosis; and an electrodiagnostic study on 03-07-2011 was positive for bilateral L5 and S1 radiculopathy. The injured worker was permanent and stationary. The treating physician requested Tramadol and Ranitidine. The date of the request for authorization was 07-22-2015. On 08-06-2015, the Utilization Review non-certified the request for Tramadol 50mg #60 with one refill and Ranitidine 150mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Tab 50mg #60, 30 day supply with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medication. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription of Tramadol 50mg #60 with 1 refill is not medically necessary.

Ranitidine Cap 150mg #60, 30 day supply with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: Ranitidine is a histamine H2 receptor antagonist. According to MTUS guidelines, Ranitidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Ranitidine 150mg #60 with 1 refill is not medically necessary.