

<b>Case Number:</b>	CM15-0188193		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 62 year old male, who sustained an industrial injury on 05-04-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for generative joint disease in the right shoulder, cervical spondylosis, cervical intervertebral disc disorder, multilevel lumbar disc protrusions, degenerative disc disease of the cervical spine, degenerative disc disease of the lumbar spine, lumbar spinal stenosis, right shoulder impingement syndrome, and cervical and lumbar musculoligamentous injuries. Medical records (03-18-2015 to 08-12-2015) indicate ongoing low back pain with radiation into the left hip with weakness, right shoulder pain, neck pain, and left ankle pain. Pain levels were: low back 8 out of 10 on a visual analog scale (VAS); neck pain 4-5 out of 10; left hip pain 8 out of 10; and right shoulder pain 8 out of 10. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-12-2015, was hand written and difficult to decipher. However, there was noted tenderness in the upper trapezius muscles (left greater than right), tenderness in the lumbar paraspinals, some restricted range of motion in the lumbar and cervical spines. These findings did not appear to be different from previous exams. Relevant treatments have included physical therapy (PT), work restrictions, and medications (ranitidine, naproxen, Gabapentin, Ambien and tramadol since at least 03-2015). Urine drug screening was noted in the medical records and was poor copies; therefore, the results could not be reviewed. The PR and request for authorization (08-12-2015) shows that the following medications were requested: ranitidine 150mg #60, naproxen 500mg #60, Gabapentin 300mg #90, Ambien 10mg #30, and tramadol 50mg #60. The original utilization review (09-09-2015) non-certified the requests for

ranitidine 150mg #60, naproxen 500mg #60, Gabapentin 300mg #90, Ambien 10mg #30, and tramadol 50mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ranitidine 150mg #60: Upheld**

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

**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. Furthermore, there is no documentation that the injured worker has any derived benefit from this medication. In light of the above issues and in the absence of documentation, the currently requested ranitidine is not medically necessary.

#### **Naproxen 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Regarding the request for Naproxen, 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 Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.

#### **Gabapentin 300mg #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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Regarding request for Gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the current request is not medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are subjective complaints of insomnia such as that documented in recent progress notes. However, there appears to be a longer term use of Ambien in excess of guideline recommendations of 6 weeks. Given this, the currently requested Ambien is not medically necessary.

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

**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 or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). 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.