

<b>Case Number:</b>	CM15-0194186		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 65 year old female who sustained an industrial injury on 10-6-10. A review of the medical records indicates she is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, hepatitis C, and cirrhosis. Medical records (4-6-15 to 9-14-15) indicate ongoing complaints of low back pain with radiation down the right leg. She reports that the pain is associated with numbness in the feet and weakness in the legs. She rates the pain "4 out of 10" with use of medications and "8 out of 10" without medications. She states that the right leg is "worse" than the left leg. She describes the pain as "cutting, shooting, burning, and weakness" and is aggravated by reaching, bending forward and backwards, coughing or straining, pushing a shopping cart, and prolonged standing, sitting, and walking. Effects of her symptoms on activities of daily living are not addressed in the provided records. The physical exam (9-14-15) reveals lumbar spine range of motion as forward flexion 45 degrees, extension 10 degrees, side bending 20 degrees, and rotation "is limited." Tenderness to palpation over the bilateral lumbar paraspinal muscles is noted with spasms. Sciatic notch tenderness is noted and gluteal spasm on the right side. Lumbar facet loading maneuvers are negative bilaterally. Straight leg tests are negative. Motor strength is noted to be "normal" bulk and tone in all major muscle groups of the upper and lower extremities. Diagnostic studies have included an MRI of the lumbar spine in February 2010, showing L4-5 disc extrusion on right side with L5 radiculopathy. Urine drug screening has also been completed randomly. Result of the 6-29-15 urine drug screen is positive for Tramadol. Treatment has included a lumbar epidural steroid injections "without relief" and

medications. Her current (9-14-15) medications include Tramadol 50mg twice to three times daily as needed, Diclofenac 100mg daily, Tramadol ER 150mg daily, Omeprazole 20mg twice daily, Terocin patch every 6-8 hours as needed, and Flector patch 1.3% every 12 hours on and every 12 hours off. She has been receiving all medications since, at least, 5-18-15. The utilization review (10-1-15) includes requests for authorization for Tramadol 50mg #60, Tramadol ER 150mg #30, Diclofenac 100mg #30 with 2 refills, Omeprazole 20mg #60, and Flector-Diclofenac patches 1.3% #30 with 6 refills. The requests were denied.

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

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

#### **Tramadol/ Ultram 50 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for neuropathic pain.

**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 indication that the medication is improving the patient's pain from 8/10 to 4/10. However, there is no documentation of functional improvement, and no documentation regarding side effects. 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.

#### **Tramadol ER (extended release) 150 gm Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids (Classification), Opioids for neuropathic pain.

**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 ER (tramadol ER), 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 indication that the medication is improving the patient's pain from 8/10 to 4/10. However, there is no documentation of functional improvement, and no documentation regarding side effects. 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 ER (tramadol ER), is not medically necessary.

**Diclofenac sodium/Voltaren 100 mg Qty 30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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 diclofenac, 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 indication that the medication is improving the patient's pain from 8/10 to 4/10. However, there is no documentation of functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.

**Omeprazole 20 mg Qty 60: Upheld**

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

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

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient 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, the currently requested omeprazole (Prilosec) is not medically necessary.

**Flector/Diclofenac 1.3% patches, Qty 30 with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Diclofenac, topical; Flector patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated for short term treatment (4-12 weeks) of osteoarthritis and tendinitis in joints amenable to treatment such as the elbow, knees, but not of the spine, hip or shoulder. In this case, the primary pain site of application is the lumbar spine. Furthermore, there is no documentation of intolerance to oral NSAIDs as the patient has a history of taking oral Diclofenac. As such, this request is not medically necessary.