

Case Number:	CM15-0195259		
Date Assigned:	10/09/2015	Date of Injury:	10/16/2006
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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

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 37 year old male, who sustained an industrial injury on 10-16-2006. The injured worker was being treated for lumbar post-laminectomy syndrome, lumbar radiculopathy, status post lumbar fusion, and chronic pain, other. Medical records (6-26-2015 to 8-21-2015) indicate ongoing neck pain radiating down the bilateral upper extremities; ongoing low back and bilateral hip pain radiating down the bilateral lower extremities, left greater than right; and ongoing headaches. The injured worker reported insomnia due to ongoing pain. He reported ongoing self-care and hygiene, activity, ambulation, hand function, sleep, sex, limitations, which are ongoing. His interference of activities of daily living over the past month was rated 10 out of 10. The medical records (6-26-2015 to 8-21-2015- to 9-9-2015) show no improvement of the subjective pain rating from 9 out of 10 with medications on average since the last visit and 10 out of 10 without medications on average since the last visit. He reported that the use of pain and sleep aid medications is helpful. The physical exam (6-26-2015 to 8-21-2015) reveals a slow gait and use of a walking stick by the injured worker for walking. There is spasm at L3-5 (lumbar 3-5), moderately limited lumbar range of motion due to pain, significantly increased pain with flexion and extension, and decreased sensation of the extensor muscles along the L4-S1 (lumbar 4-sacral 1) dermatome in the bilateral lower extremities. There are positive Faber, Patrick's, bilateral Gaenslen's and pelvic compression tests bilaterally. There is bilateral hip tenderness to palpation. Per the treating physician (8-21-2015 report), a Controlled Substance Utilization Review and Evaluation System (CURES) report showed no inconsistencies and prescriptions were "provided to the patient to reflect a slow weaning of opioids." Per the treating physician (8-

21-2015 report), an MRI and a CT of the lumbar spine from 11-19-2010 revealed the injured worker is status post a left hemilaminectomy at L4-5 and L5-S1 (lumbar 5-sacral 1) with prosthetic intervertebral disc and pedicle screws. There is satisfactory intervertebral disc and pedicle screws alignment, probable left L4-5 foraminal narrowing, and findings suggestive of granulation tissue at left L5-S1. A recent urine drug screen was not included in the provided medical records. Treatment has included a hardware block, a home exercise program, and medications including short-acting pain, long-acting pain (Tramadol ER since at least), sleep (Zolpidem tartrate since at least), and non-steroidal anti-inflammatory (Enovarx-Ibuprofen 10% kit since at least). Per the treating physician (8-21-2015 report), the injured worker is not currently working. The requested treatments included Zolpidem tartrate 10 mg, Tramadol ER 150 mg, and an Enovarx-Ibuprofen 10% kit. On 9-18-2015, the original utilization review non-certified requests for Zolpidem tartrate 10 mg #30, Tramadol ER 150 mg #30, and an Enovarx-Ibuprofen 10% kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Zolpidem.

Decision rationale: Based on the 8/21/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities, low back pain radiating down bilateral lower extremities left > right with associated weakness, and pain in bilateral hips, rated 9/10 with medications and 10/10 without medications. The treater has asked for Zolpidem Tartrate 10 MG #30 on 8/21/15. The patient's diagnosis per request for authorization dated 8/18/15 is lumbar radiculopathy. The patient has ongoing headaches and insomnia secondary to pain per 8/21/15 report. The patient is s/p hardware block from 9/30/14 with 20-50% overall improvement per 7/24/15 report. The patient is s/p lumbar hemilaminotomy at L4-5, L5-S1 prior to 2010 per 8/21/15 report. The patient is currently not working per 7/24/15 report. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) states: "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. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. (Feinberg, 2008)" Ambien has been included in patient's medications, per progress reports dated 7/24/15 and 8/21/15. It is not known when this medication was initiated. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. Utilization review letter dated

9/18/15 denies request as Ambien is not indicated for long term use. In addition to prior usage of almost 2 months prior to UR date of 9/18/15, the current request for quantity 30 does not indicate intended short-term use and exceeds ODG indications. Therefore, the request is not medically necessary.

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: Based on the 8/21/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities, low back pain radiating down bilateral lower extremities left > right with associated weakness, and pain in bilateral hips, rated 9/10 with medications and 10/10 without medications. The treater has asked for Tramadol ER 150 MG #30 on 8/21/15. The patient's diagnosis per request for authorization dated 8/18/15 is lumbar radiculopathy. The patient has ongoing headaches and insomnia secondary to pain per 8/21/15 report. The patient is s/p hardware block from 9/30/14 with 20-50% overall improvement per 7/24/15 report. The patient is s/p lumbar hemilaminotomy at L4-5, L5-S1 prior to 2010 per 8/21/15 report. The patient is currently not working per 7/24/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Tramadol since at least 7/24/15 and is currently using Tramadol in 8/21/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is a consistent CURES report in 8/21/15 report, but no urine drug screen and no opioid contract were provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.

Enovarx-Ibuprofen 10% kit use as directed #1: Upheld

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

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

Decision rationale: Based on the 8/21/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities, low back pain radiating down bilateral lower extremities left > right with associated weakness, and pain in bilateral hips, rated 9/10 with medications and 10/10 without medications. The treater has asked for Enovarx-Ibuprofen 10% kit use as directed #1 on 8/21/15. The patient's diagnosis per request for authorization dated 8/18/15 is lumbar radiculopathy. The patient has ongoing headaches and insomnia secondary to pain per 8/21/15 report. The patient is s/p hardware block from 9/30/14 with 20-50% overall improvement per 7/24/15 report. The patient is s/p lumbar hemilaminotomy at L4-5, L5-S1 prior to 2010 per 8/21/15 report. The patient is currently not working per 7/24/15 report. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 states: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" In this case, Enovarx-Ibuprofen cream is being utilized by patient in reports dated 7/24/15 and 8/21/15. Utilization review letter dated 9/18/15 denies request as patient is able to tolerate oral Ibuprofen. The patient does present with pain in peripheral joints for which this medication is indicated. However, the treater does not discuss how this medication is to be used and why topical is being prescribed. Regarding medications for chronic pain, MTUS pg. 60 states that a record of pain and function should be recorded. Review of reports dated 7/24/15 to 8/21/15 do not show the efficacy of this topical NSAID. Hence, the request is not medically necessary.