

Case Number:	CM15-0196144		
Date Assigned:	10/09/2015	Date of Injury:	10/04/2008
Decision Date:	11/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

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 45 year old male, who sustained an industrial injury on 10-4-2008. The injured worker was being treated for status post lumbar spine fusion surgery and removal of hardware, status post spinal cord stimulator placement in 2014, status post right knee arthroscopy with residual pain and right knee degenerative joint disease, right ankle sprain rule out internal derangement, chronic pain, gastritis, and diabetes mellitus. Medical records (7-22-2015 to 9-28-2015) indicate ongoing low back pain radiating down the right leg to the ankle. The injured worker also reported ongoing spinal cord stimulator generator site pain and the machine does not function in the standing or seated positions. He reported he wants the spinal cord stimulator removed. His pain is rated 8 out of 10 without medications, 2-3 out of 10 with Tramadol ER, and the pain relief lasts 5-6 hours. He reported he can sit, walk, be more active, do home chores, bathe, and get dressed easier and with less discomfort after taking Tramadol ER. The treating physician noted his gastrointestinal symptoms are well-controlled with Pantoprazole, although he reported increased heartburn and reflux recently. In addition, the treating physician noted that the injured worker's home glucose levels were: fasting 117-142 and posterior-prandial 112-158, and on 8-31-2015 and 9-1-1-2015 his evening glucose levels were 261 and 216. Per the treating physician the injured worker is on a low carbohydrate, gastroesophageal reflux disease diet. Per the treating physician (9-28-2015 report), the injured worker's home glucose levels were: fasting 119-149 and posterior-prandial 96-124. The physical exam (7-22-2015 to 9-28-2015) reveals a soft abdomen with diffuse tenderness to palpation of the abdomen, which was more pronounced over the epigastric and left upper quadrant. There was limited lumbar spine flexion of 30 degrees

and extension of 5 degrees, with more pain on extension. There were well-healed surgical sites without obvious sign of infection and resolved warmth to touch at the spinal cord stimulator generator site. There was a positive right straight leg raise at 40- 50 degrees and decreased sensation over the lateral thigh and calf into the lateral aspect of the right foot with the L5 (lumbar 5) and S1 (sacral 1) distribution. The right ankle resisted plantar flexion strength was 4 out of 5. Per the treating physician (9-28-2015 report), a urine drug screen from 7-24-2015 was positive for Tramadol, desmethyl tramadol, and negative for other opioid medications. Also, the urine drug screen was negative for benzodiazepines, barbiturates, and tricyclics per the treating physician. The treating physician noted a signed pain contract was on file. Treatment has included physical therapy, chiropractic therapy, acupuncture, epidural steroid injection, spinal cord stimulator, and medications including pain (Tramadol ER since at least 3-2015), proton pump inhibitor (Pantoprazole), and antidiabetic (Metformin since at least 6-2015). Per the treating physician (9-9-2015 report), the injured worker is partially permanently disabled. On 9- 28-2015, the requested treatments included Tramadol ER 150mg, Omeprazole 40mg, and Metformin 1000mg. On 10-5-2015, the original utilization review non-certified requests for Tramadol, Omeprazole, and Metformin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Overturned

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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2008 and continues to be treated for chronic back pain with right lower extremity radiating symptoms. He has a history of a lumbar spine fusion with subsequent hardware removal. He currently uses a spinal cord stimulator being turned on two times per month. Tramadol ER is referenced as decreasing pain from 8/10 to 2-3/10 and with improved activity tolerances. When seen, he was using a cane. There was diffuse abdominal tenderness. There was decreased lumbar spine range of motion. He was having increased pain at the site of the spinal cord stimulator generator without signs of infection. Straight leg raising was positive on the right side. There was decreased right lower extremity strength and sensation. He has non-insulin diabetes diagnosed after his work injury and is also being treated for insomnia and gastritis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Omeprazole: Upheld

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

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

Decision rationale: The claimant sustained a work injury in October 2008 and continues to be treated for chronic back pain with right lower extremity radiating symptoms. He has a history of a lumbar spine fusion with subsequent hardware removal. He currently uses a spinal cord stimulator being turned on two times per month. Tramadol ER is referenced as decreasing pain from 8/10 to 2-3/10 and with improved activity tolerances. When seen, he was using a cane. There was diffuse abdominal tenderness. There was decreased lumbar spine range of motion. He was having increased pain at the site of the spinal cord stimulator generator without signs of infection. Straight leg raising was positive on the right side. There was decreased right lower extremity strength and sensation. He has non-insulin diabetes diagnosed after his work injury and is also being treated for insomnia and gastritis. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole is not considered medically necessary.

Metformin: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Metformin (Glucophage).

Decision rationale: The claimant sustained a work injury in October 2008 and continues to be treated for chronic back pain with right lower extremity radiating symptoms. He has a history of a lumbar spine fusion with subsequent hardware removal. He currently uses a spinal cord stimulator being turned on two times per month. Tramadol ER is referenced as decreasing pain from 8/10 to 2-3/10 and with improved activity tolerances. When seen, he was using a cane. There was diffuse abdominal tenderness. There was decreased lumbar spine range of motion. He was having increased pain at the site of the spinal cord stimulator generator without signs of infection. Straight leg raising was positive on the right side. There was decreased right lower extremity strength and sensation. He has non-insulin diabetes diagnosed after his work injury and is also being treated for insomnia and gastritis. Metformin is recommended as first line treatment of type 2 diabetes. It is an ODG formulary first-line medication with generic availability. The claimant has diabetes and prescribing metformin is medically necessary.