

Case Number:	CM15-0199275		
Date Assigned:	10/14/2015	Date of Injury:	03/25/2008
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial injury on 3-25-2008. The injured worker was diagnosed as having fibromyalgia, cervical brachial syndrome with chronic neck strain, chronic low back pain and strain, upper extremity overuse tendinopathy, and left knee internal derangement. Treatment to date has included diagnostics and medications. Currently (8-28-2015), the injured worker complains of stabbing pain in her low back, rated 9 out of 10, and stabbing pain with pins and needles sensation in her knees, rated 10 out of 10. Prior progress reports were not submitted for comparison of pain scale ratings or medication use. Current medications were documented as Tramadol, Sumatriptan, Lorazepam, and ProAir. A review of symptoms showed "no changes" from 3-23-2015 (report not included). Exam of the lumbar spine showed spasm over the paralumbar musculature, restricted range of motion, and weakness with decreased L5 and S1 dermatomes. Exam of the left knee noted tenderness to the prepatellar area, crepitus on motion, tenderness to the bilateral joint line and popliteal area, and painful partial deep knee bend. Straight leg raise was positive at 50 degrees bilaterally and strength noted "weakness on 3-5 motor power extension". Anxiety, if any, was not noted. Work status was total temporary disability. Urine toxicology was not noted. The treatment plan included Ativan 1mg #60 and Tramadol HCL and Acetaminophen 37.5-325mg #60 with 1 refill. On 9-16-2015, Utilization Review modified the requested Ativan to #30 and modified the requested Tramadol HCL and Acetaminophen to #48 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the exam note from 8/28/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. There is no documentation of anxiety in the medical record. There is no documentation of duration of treatment and long-term use beyond 4 weeks is not recommended. The worker was injured in 2008. Therefore, the request for Ativan is not medically necessary.

Tramadol HCL & Acet 37.5/325mg #60 with 1 refill: 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 for chronic pain, Opioids, long-term assessment.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary and it is non-certified. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend 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. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/28/15. Therefore, the request is not medically necessary.