

Case Number:	CM15-0205101		
Date Assigned:	10/22/2015	Date of Injury:	09/18/2001
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female patient with an industrial injury date of 09-18-2001. The diagnoses include fibromyalgia, cervical brachial syndrome with chronic neck strain, chronic low back pain and strain, upper extremity overuse tendinopathy and left knee internal derangement. Per the doctor's note dated 06-05-2015, she had complaints of aching pain with numbness and pins and needles sensation in her neck and left shoulder at 10/10; aching and stabbing pain with pins and needles sensation in her low back at 9 out of 10; left knee pain at 10 out of 10; left ankle pain at 10 out of 10. Physical exam (06-05-2015) noted tenderness at the base of the cervical spine with discomfort with range of motion, range of motion of bilateral shoulders- limited with crepitus on motion; bilateral hands and wrists- diffuse forearm tenderness; lumbar spine- tenderness from the thoracolumbar spine down to the base of the pelvis. Work status (06-05-2015) was documented as "remains" temporarily totally disabled. The medications (06-05-2015) list includes Lorazepam (since at least 03-23-2015), Diclofenac, and Tramadol, Pro Air, Nexium, Cosamin DS and creams. Prior medications included Motrin (discontinued 03-23-2015). Other therapy done for this injury was not specified in the records provided. On 09-21-2015 the request for the following treatments was modified by utilization review: Lorazepam 1 mg #60 - Modified to Lorazepam 1 mg # 30 & Ultram 50 mg #60 with 2 refills - Modified to Ultram 50 mg # 30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/24/15), Benzodiazepine.

Decision rationale: Lorazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are 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 long-term use may actually increase anxiety. In addition per the cited guidelines recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The response to other measures for treatment of insomnia/anxiety is not specified in the records provided. The medical necessity of Lorazepam 1mg #60 is not medically necessary for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.

Ultram 50mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS Guidelines central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had chronic aching pain with numbness and pins and needles sensation in her neck and left shoulder at 10/10; aching and stabbing pain with pins and needles sensation in her low back at 9 out of 10; left knee pain at 10 out of 10; left ankle pain at 10 out of 10. The patient has objective findings on the

physical exam (06-05-2015) tenderness at the base of the cervical spine with discomfort with range of motion, range of motion of bilateral shoulders, limited with crepitus on motion; bilateral hands and wrists- diffuse forearm tenderness; lumbar spine- tenderness from the thoracolumbar spine down to the base of the pelvis. There was evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50mg #60 with 2 refills is medically appropriate and necessary to use as prn during acute exacerbations.